

**BINDJAREB YORGAS HEALTH PROGRAM: PROMOTING ABORIGINAL
WOMEN'S HEALTH IN A REGIONAL COMMUNITY SETTING**

By

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I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

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Signature.....

Date.....

Abstract

This study addresses the self-identified health issues experienced by yorgas (women) in an Aboriginal Bindjareb (region) community in the Nyungar nation of south west Western Australia. In collaboration with yorga Elders and Leaders from the Murray Districts Aboriginal Association (MDAA), Caroline Nilson, a non-Indigenous researcher, academic and health professional, developed, coordinated, facilitated, and implemented a culturally appropriate health promotion initiative, the Bindjareb Yorgas Health Program [BYHP], which was the topic of Caroline's PhD research project.

The BYHP aims were to foster the development of personal knowledge and skills in achieving and maintaining wellness, and the strengthening of community actions towards improving health by facilitating improved individual and group health literacy. Further, the study sought an understanding of the ways in which the BYHP facilitated healthy lifestyle change in the Bindjareb yorgas and their families and whether the structure and delivery of the program provided a supportive environment for the women to engage in sustainable health promotion activities.

The BYHP was underpinned by the ideals of the Aboriginal model of health, which encompasses all aspects of a person's life (Lock, 2007). This concept places significant emphasis on social and emotional components and is linked to the sense of being Aboriginal, through connection with the environment (social and economic), community, relationships, land, the physical body and the mind, and traditional cultural lore (law) and knowledge (Nyungar kaartdijin). The BYHP study consisted of four components: nutrition and cooking classes, group fitness classes (including walking group sessions), a community vegetable garden project and health 'yarning' sessions (a culturally appropriate method of communicating about important matters), which comprised informal and formal discussions.

Twenty-two women from the two kinship groups in two towns in the research setting were invited to take part in the project. Purposive and snowball sampling were used to recruit the yorga participants and the consent processes were conducted by the yorga Elders and Leaders and resulted in 17 Bindjareb yorgas consenting to participate.

There were a total of 24 cooking and nutrition classes and all 17 participants each took part in between 3 and 22 classes. Attendance at the 33 group fitness classes varied, with 16 of the 17 participants taking part in between 1 and 29 classes; as did attendance at the 24 walking group sessions where 13 yorgas participated in between 3 and 22 sessions each. Six participants volunteered to share the vegetable garden management over a 24 week period resulting in an average weekly attendance of 5.5 visits between them. A number of yarning sessions (individual and group) were also facilitated by Caroline in collaboration with Karrie-Anne Kearing-Salmon, an Aboriginal woman Leader appointed as the research assistant.

An ethnographic action research [EAR] approach was used in the research, which combines the methodologies of ethnography, participatory techniques and action research (Tacchi, Slater & Hearn, 2003; Tacchi, et al., 2007). The data was collected with the assistance of the yorga Elders and Leaders during which time Caroline was also mentored by Gloria Kearing, a yorga Elder. Data sources included audio recorded yarning groups, audio recorded individual yarning, direct observations and participant-observations, and Caroline's personal diary notes audio recorded during fieldwork.

A narrative art project was also conducted as a culturally appropriate method of gathering data and was used as an opportunity to facilitate informal health yarning. The works of art were shared with the wider community in a public gallery exhibition, which ran for six weeks during August and September 2013.

Thematic analysis of the data was undertaken in consultation and collaboration with the selected yorga Elders and Leaders for each component of the research, and was assisted using Artichoke TM (Fetherston, 2013), a computer-based program.

Results that have captured the main findings are presented in the thesis in a number of peer-reviewed published and under review articles and other manuscripts have been prepared and are in the process of submission.

The themes identified from the cooking and nutrition component related to experiences of overwhelming loss, acknowledging collective shame, finding change too hard, being crippled by the lack of resources, mistrust, and tensions, community control empowering individuals through engagement, learning for life purpose, and planning for community determination.

The themes derived from the group fitness component related to the loss of traditional knowledge and practices, withdrawal due to shame, community facilitation enabling enjoyment in engagement, and experiencing a sense of place and connection to land and culture.

The community vegetable garden component themes related to feelings of ownership: “deadly, unna?” (very good, isn’t it?), “ngnaailak” (belongs to us); a sense of place: “nalaru boodjar” (our own country), “kwobbrup” (a good place); reconnection to traditional land: “boodjar, mundak and ponar” (land, the bush and the seasons); pride in learning new skills: “djinanginy kaartdijin” (seeing, learning, and understanding); and hoping for continued community engagement and partnership support: “patpatan mila” (worried for the future).

The health yarning component themes related to patience in the ways of talking with the yorgas “moorditj bandjar tarwagin” (patient way of talking with us), feelings of safety to talk about health issues and coming together as equals to become strong in health; “djaliny moordidjabiny kootamiara quab” (listening to become strong in health).

The narrative art project themes related to the overall connectedness and the mobilisation of community members in coming together to consolidate relationships for their health and wellbeing; individuals coming together for their health and wellbeing, and processes in mobilising community social relationships. The additional themes related to the yorgas developing self-identity through painting their experiences and their creativity contributing to community empowerment.

In regards to sustainable lifestyle change, themes from the group fitness and cooking and nutrition components around the real challenges and barriers also emerged. The acknowledgement of shame was identified as a psychosocial barrier and previously experienced reduced health literacy was seen as having a negative impact on food security and healthy lifestyle choices. Several themes relating to the importance of a 'sense of place' and 'feelings of safety', and the 'rekindled connection to land' were threaded through all the components, particularly the vegetable garden project. These themes were critical in answering the research questions regarding community ownership and the culturally appropriate structure and delivery of the BYHP. Themes from the cooking and nutrition component also related to the impact of historical events on nutritional health of Indigenous Australians, and on the undermining effect of mistrust within the community and towards outsiders and the need to plan to achieve a real sense of community determination and address issues of limited resources. These themes were pertinent in answering the research question regarding the required community action to lead to the sustainability of the program.

The findings suggest that historical colonisation processes greatly influence current Aboriginal health and wellbeing. It has impacted on individual and community esteem and determination, resulting in feelings of inadequacy, racial demoralisation and mistrust, towards others and within their own groups. Feelings of a sense of place, the reconnection to land and culture, and a sense of safety were a common thread to have

emerged from the BYHP. These correlated with further findings that identify the need for community collaboration and control. The acknowledgement of shame was identified as a psychosocial barrier influencing health literacy, food security and healthy lifestyle choices. The real challenges of change around healthy eating and physical activity were highlighted, however the sense of purpose gained through learning new skills and knowledge was found to be a key driver towards change. To achieve sustainability the findings highlighted the need for continued partnership development and ongoing planning for skills and employment opportunity and these were identified as important to achieving a real sense of community determination.

Keywords: Aboriginal health promotion, Aboriginal community health, Aboriginal research, Aboriginal health status, Aboriginal community control

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Using and ethnographic action research approach to investigate the experiences of Aboriginal women participating in the group fitness and walking component of a health promotion program

Journal of Health Education and Behaviour Metrics

Confirmation of Peer Review

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E: Article Under Review

Using 'yarning' as a way to talk about health in an Aboriginal women's community owned health promotion program

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A journey towards cultural competence in Indigenous research:

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Journal of Transcultural Nursing Metrics

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G: Article Under Review

Connecting back to country through the establishment of an Aboriginal community vegetable garden: an ethnographic action research approach

Health and Place Journal Metrics

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H: Article Under Review

Health promotion in an Australian Aboriginal regional community women's group: ethnographic action research using a decolonising methodology

Action Research Journal Metrics

Confirmation of Peer Review

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I: Editor Reviewed Article

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1. Art from the heart: using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community
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3. The Bindjareb Yorgas Health Program One Year On: "All the Same but Totally Different"
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6. Collaboration and Consultation: The key to the development to the Bindjareb Yorgas Health Program
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Confirmation of Peer Review

K: Media Releases (1 – 10)

1. Mandurah Coastal Times. (2013, August 28). Murdoch University, Caroline Nilson: Healthy Signs. [Press Release], ID 00210533800
2. Murray Mail. (2013, August 27). Murdoch University, Caroline Nilson: Aboriginal art exhibition. [Press Release], ID 00210308197
3. Mandurah Mail. (2013, August 22). Murdoch University, Caroline Nilson: Exhibition a commitment to healthier

life. [Press Release], ID 00209611505

4. Morton, A. (2013, August 9). Murdoch University, Caroline Nilson: Artwork is a reflection of a healthier lifestyle. [Press Release], ID 00207630500. Southern Telegraph (WA), Mandurah, WA
5. Murray Mail. (2013, May 7). Caroline Nilson: The home-grown way. [Press Release]
 - a. Murray Mail. (2013, May 2). Murdoch University, Caroline Nilson: Kids get growing at Bindjareb Park. [Press Release]
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9. Fenner, R. (2012, November 28). Murdoch University, Caroline Nilson: Yorgas take on health and exercise challenge. [Press Release], ID 00172376196. Mandurah Coastal Times
10. Murray Mail. (2012, November 20). Murdoch University, Caroline Nilson: Bindjareb 'yorgas' staying fit. [Press Release], ID 00171195033

L: Letters from the MDAA for the Human Ethics Committees:

1. Western Australian Aboriginal Health Ethics Committee
2. Murdoch University Human Research Ethics Committee

M: MUHREC Ethics Approval

N: WAAHEC Ethics Approval

O: Pilot Project Ethics Amendment

P: Grant Approvals:

1. Australian Government - Swap-It-Don't Stop-It Grant Approval
2. Australian Government - Ngulluk Koolbaang Grant Approval
3. Sharing Stories Grant Approval for the Art Exhibition

Q: Caroline Nilson Scholarship Confirmation

R: The Consent Form

S: The Information Sheet

T: Questions to Guide the One-On-One & Group Yarning Sessions

U: Bindjareb Yorgas Health Program Community News Letter

V: MDAA Governance Training Workshops

W: Courses Undertaken by Caroline Nilson to conduct the cooking classes:

1. FOODcents Completion Certificate
2. Food Sensations Completion Certificate
3. Workplace Hygiene Completion Certificate
4. Remote Area Health Corps eLearning Modules - Certificate 1 of 14
5. Positive Psychology Course Completion Certificate
6. Mindfulness Course Completion Certificate

X: Grant Application to Qualify Three Community Members

Y: The Reticulation and Irrigation Plans For the CVG:

1. The Reticulation Design for the CVG
2. Reticulation to Each Garden Bed
3. Irrigation Plan for the Lawns, Fruit Trees and Bush Tucker Plants

Z: Art Exhibition: Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny

AA: Continued support to ensure sustainability and the development of community empowerment (2014 – 2015)

1. Confirmation of Continued Support for the Cooking and Nutrition Programs for the BYHP and the DKCP
2. To Be Complete by Gloria Kearing

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GLOSSARY OF TERMS

For the purpose of this study the following terminologies are defined in alphabetical order.

Term(s)	Description
Aboriginal and Torres Strait Islander Peoples	In this thesis, the term Indigenous is used to refer to the first nation peoples of the world and the term Aboriginal specifically refers to the Aboriginal peoples of Australia. For the purposes of this thesis the Torres Strait Islander peoples are included in the term Indigenous.
Bindjareb	Bindjareb (also spelt Binjareb, Pindjareb and Pinjarup) refers to a region within the Nyungar nation of Western Australia (Tindale, 1974) (Figure 5, p. 9 and Figure 6, p. 10) that is situated in one of the six newly established native title land claims, called Gnaala Karla Booja (Figure 7, p. 11). Aboriginal peoples identify themselves by the region they come from. E.g: "I am a Bindjareb woman Elder". To illustrate the difference in regional zones described by the Western Australian Government a map of the same area of south west Western Australia is provided in Figure 8 (p. 12).
Bush Tucker	Bush tucker is edible, native Australian flora and fauna which is harvested or hunted in the bush (Collins English Dictionary, 2015).
Deadly	Deadly is a colloquial term used to describe a phenomenon that is good, very good or excellent (La Trobe University and The Victorian Aboriginal Community Controlled Health Organisation [VACCHO], 2014).
Kaartdijin	Kaartdijin refers to unwritten knowledge that the Nyungar peoples own about beliefs, rules, and customs. Kaartdijin relating to marriage, food, adulthood, land ownership, and access is shared among Nyungar communities (South West Aboriginal Land and Sea Council [SWALSC], 2010).
Koolinga	Koolinga is the Nyungar word for children (Bindon & Chadwick, 2011).
Mob	Mob is regularly used to mean a family group or a language group of Indigenous peoples (La Trobe University and VACCHO, 2014).
Nyungar	The Nyungar (also spelt Noongar, Nyoongar and Noongah) peoples, are the traditional owners of the south west Western Australia land. Nyungar means a person from this region, which is one of the largest Aboriginal cultural blocks in Australia. It stretches from a point on the west coast north of Jurien Bay, and

proceeds roughly easterly to a point approximately north of Moora, and then roughly south-east to a point on the southern coast between Bremer Bay and Esperance (SWALSC, 2015) (Figure 5, p. 9).

Nyungar language is identified as the main language spoken in the region, however there are 14 different dialects, which has changed over time and has mixed and incorporated the English language (SWALSC, 2015). Bindjareb is one of the main language groups, and a main difference between the dialects is pronunciation; however, geographical dislocations between groups have also lead to distinct regional vocabularies (SWALSC, 2015).

Solid	Solid is a colloquial term used to describe a phenomenon that is worthwhile and useful (La Trobe University and VACCHO, 2014).
Yarning	Yarning groups are used in the Aboriginal research context as a form of conversation and storytelling and as means of gathering data in a culturally appropriate way (Bessarab and Ng'andu, 2010). Terszack (2008, p. 90) describes yarning as a "process of meaning making, communicating and passing on history and knowledge . . . a special way of relating and connecting with the Nyungar culture".
Yorgas	Yorgas is a Nyungar word meaning woman or women (Bindon and Chadwick, 2011).

PAINTINGS OF THE BINDJAREB YORGAS HEALTH PROGRAM

Permission: Murdoch University School of Health Professions

Source: Nilson, C., Kearing, G., Fetherston, C., & Morrison, P. (2015a). Art from the heart: using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community. *The International Journal of Arts Theory and History*, 10(3), 13-32. (Appendix C).

Figure 1 Painting - Coming together as one

Artist: Gloria Kearing

The outer circles are the women from my community that have all come together to learn about better eating and healthy living. You know, this is our program and we wanted it. The dots join us together in the program. The small waves (beyond the orange line) show the troubles in our lives that are outside (of the program). The yellow and orange lines are blocking out the troubles. We come to the cooking and the exercise and the yarning and we can forget about the troubles and learn how to be healthy. We feel comfortable to come together. We can think about and talk about our ways to do things. Together we see how to make changes that everyone will like.



Figure 2 Painting representing the Bindjareb Yorgas Health Program

Artist: Caroline Nilson

This painting represents the Bindjareb Yorgas Health Program. The central circle represents the program as a whole. The larger individual circles at each corner of the painting are the four main components of the program: Cooking and nutrition classes (red dotted circle), group fitness activities (blue dotted circle); health yarning sessions (yellow dotted circle); and a community gardening project (green dotted circle). The brown dots are the connecting “glue” that connects each component. The white dots represent the ancestral spiritual influence in support of the program, and their inclusion on the painting was permitted by yorga Elder, Gloria Kearing.



(Permission – Murdoch University School of Health Professions)

Figure 3 Painting representing the motto of the Bindjareb Yorgas Health program

Artist: Caroline Nilson

This piece is representative of the Bindjareb Yorgas Health Program motto and depicts a tree growing from the strong roots fed by knowledge, resilience, and self-determination. The nine roots are representative of the motto and are: Knowledge (deep red, central); Power (purple); Informed Choices (blue); Opportunity (yellow); Development (orange); Wellbeing (dark green); Personal self-determination (bright red, left); Family self-determination (light green); and Community self-determination (brown). The white dots are the ancestors who are 'nurturing' the tree to continue to grow with strength and stability, and their inclusion on the painting was permitted by yorga Elder Gloria Kearing.

PUBLICATIONS, CONFERENCES, PRESENTATIONS AND MEDIA

RELEASES

Peer Reviewed Publications

Nilson, C., Morrison, P., & Fetherston, C. (2016). Action Research: fostering consumer participation in Indigenous health promotion. In: P. Hackett (Ed.), *Consumer ethnography: qualitative and cultural approaches to consumer research*, (pp. 173-191). London: Routledge. ISBN: 978-1-138-02349-9 (hbk), ISBN: 978-1-315-77637-8 (ebk). (Appendix A).

Nilson, C., Kearing Salmon, K., Morrison, P., & Fetherston, C. (2015). An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion program in regional Western Australia. *Public Health Nutrition*, 1-12. Available on CJO2015. doi:10.1017/S1368980015000816. (Appendix B).

Nilson, C., Kearing, G., Fetherston, C., & Morrison, P. (2015a). Art from the heart: using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community. *The International Journal of Arts Theory and History*, 10(3), 13-32. (Appendix C).

Articles Under Journal Peer Review

^a**Nilson, C.,** Kearing, S. Fetherston, C., & Morrison, P. (Under Review). An ethnographic action research approach to investigate the experiences of Aboriginal women participating in the group fitness and walking component of a health promotion program. *Health Education and Behaviour*. Manuscript reference number: HEB-15-0446 (October 19, 2015) (Appendix D)

^b **Nilson, C.**, Kearing, G., Morrison, P., & Fetherston, C. (Under Review). 'Yarning'

about health gives voice and promotes action amongst Aboriginal women in a community owned health promotion program. *Learning, Culture and Social Interaction*. Manuscript reference number: LCSI_2015_61 (October 22, 2015) (Appendix E)

^c **Nilson, C.** (Under Review). A journey towards cultural competence in Indigenous

research: The role of researcher reflexivity. *Journal of Transcultural Nursing*. Manuscript Reference Number: JTN-15-193 (September 4, 2015). (Appendix F)

^d **Nilson, C.**, Kearing, G., Fetherston, C., & Morrison, P. (Under Review). Connecting

back to country through the establishment of an Aboriginal community vegetable garden: an ethnographic action research approach. *Health and Place*. Manuscript Reference Number: JHAP-D-15-00537 (August, 25, 2015) (Appendix G).

^e **Nilson, C.**, Morrison, P., Fetherston, C., & Kearing-Salmon, K. (Under Review).

Health promotion in an Australian Aboriginal regional community women's group: ethnographic action research using a decolonising methodology. *Action Research*. Manuscript Reference Number: ARJ-15-0068 (July 6, 2015). (Appendix H)

Other Publications

Nilson, C. (2012). A partnership with women and Bindjareb leaders and Elders. *Australian Nursing Journal*, 20(6), 37. (Appendix I)

Peer Reviewed Conference Presentations

(Appendix J, 1 – 7)

- ¹**Nilson, C.**, Kearing, G., Fetherston, C., & Morrison, P. (2014, July). *Art from the heart: using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community*. Presented at the 9th International Conference on the Arts in Society, Sapienza University of Rome, Rome, Italy.
- ²**Nilson, C.**, & Kearing, S. (2013, December). *The Bindjareb Yorgas Health Program - We are speaking and sharing our story*. Presented at the Australian Critical Race and Whiteness Studies Association Conference, Mandurah, Western Australia, Australia.
- ³**Nilson, C.**, & Kearing, G. (2013, October). *The Bindjareb Yorgas Health Program one year on: "All the same but totally different"*. Presented at the 15th National Conference of the Congress of Aboriginal and Torres Strait Islander Nurses: "All the same but totally different", Canberra, Australian Capital Territory, Australia.
- ⁴**Nilson, C.**, (2013, June). *Being immersed in the everyday lives of an Australian Aboriginal community: The 'personal development' required of a non-Aboriginal researcher*. Presented at the International Conference Psychology and the Conduct of Everyday Life. Roskilde University, Department of Psychology and Educational Studies. Roskilde, Denmark.
- ⁵**Nilson, C.**, Morrison, P., & Fetherston, C. (2012, October). *The Bindjareb yorgas health program: Health promotion through a community based research intervention project*. Presented at the 12th Australian College of Nursing

Community and Primary Health Care Conference: “Shaping and influencing primary health care”, Perth, Western Australia, Australia.

⁶**Nilson, C.,** Kearing, S., Morrison, P., & Fetherston, C. (2012, September).

Collaboration and consultation: The key to the development to the Bindjareb Yorgas Health Program. Presented at the 14th National Conference of the Congress of Aboriginal and Torres Strait Islander Nurses: “Gettin There”, Cairns, Queensland, Australia.

⁷**Nilson, C.,** Kearing, S., Morrison, P., & Fetherston, C. (2012, July). *The proposal: The*

Bindjareb Yorgas Health Program: Improving the health of women and their families. Presented at the Rural Health West Aboriginal Health Conference: “Sharing stories, sharing successes”, Perth, Western Australia, Australia.



Group Photographs 1 Sharree Kearing presenting at the 2012 CATSINaM Conference in Cairns (left), and Gloria Kearing at the 2013 CATSINaM in Canberra (right)



Group Photographs 2 Gloria Kearing (BYHP) and Jedda Salmon (DKCP) presenting at a round table session at the Arts in Society Conference in Rome 2014

Other Presentations

Nilson, C., and the Murray Districts Aboriginal Association. (2014, September). *The official reopening of the Murray District Aboriginal Association Community centre*, Pinjarra, Western Australia, Australia. Access at <http://www.abc.net.au/news/2014-10-28/noongar-community-centre-opens-at-pinjarra-massacre-site/5849336>

Nilson, C., and Kearing, G. (2014, February) *The Bindjareb Yorgas Health Program*. Presented to the Soroptimist International of Mandurah, Mandurah, Western Australia, Australia.

Nilson, C., and the Murray Districts Aboriginal Association. (2013, August). Ngaalang moort mointj-mointj moorliny maanga maangkaniny, Art Exhibition, Contemporary Art Space Mandurah, Mandurah, Western Australia, Australia. Access at <http://www.mandurah.wa.gov.au/Binjareb.htm>

Nilson, C. (2013, February). *The Bindjareb Yorgas Health Program*. Presented to the Soroptimist International of Riverside, Riverside, Perth, Western Australia, Australia

Nilson, C., (2012, May). *The Bindjareb Yorgas Health Program: Improving the health of women and their families*. Presented at Murdoch University, School of Health Professions, Division of Nursing, Perth, Western Australia, Australia.

Media Releases (Appendix K, 1 – 10)

- ¹Mandurah Coastal Times. (2013, August 28). Murdoch University, **Caroline Nilson**: *Healthy Signs*. [Press Release], ID 00210533800.
- ²Murray Mail. (2013, August 27). Murdoch University, **Caroline Nilson**: *Aboriginal art exhibition*. [Press Release], ID 00210308197.
- ³Mandurah Mail. (2013, August 22). Murdoch University, **Caroline Nilson**: *Exhibition a commitment to healthier life*. [Press Release], ID 00209611505.
- ⁴Morton, A. (2013, August 9). Murdoch University, **Caroline Nilson**: *Artwork is a reflection of a healthier lifestyle*. [Press Release], ID 00207630500. Southern Telegraph (WA), Mandurah, WA.
- ⁵Murray Mail. (2013, May 7). **Caroline Nilson**: *The home-grown way*. [Press Release].
- ^{5A}Murray Mail. (2013, May 2). Murdoch University, **Caroline Nilson**: *Kids get growing at Bindjareb Park*. [Press Release].
- ⁶Mandurah Coastal Times. (2013, June 19). Murdoch University, **Caroline Nilson**: *Seeds of the future*. [Press Release], ID 00199547124.
- ⁷Martin, A. (2013, June 4). Murdoch University, **Caroline Nilson**: *Volunteer studies Aboriginal wellbeing*. Murray Mail, Murray Shire, p. 6, ID 00197136838.
- ⁸Oliver, S. (2013, January 1). Murdoch University, **Caroline Nilson**: *Pinjarra Women enjoy the benefits of swapping*. [Press Release], ID 00178625089. Mulga Mail, Geraldton WA.
- ⁹Fenner, R. (2012, November 28). Murdoch University, **Caroline Nilson**: *Yorgas take on health and exercise challenge*. [Press Release], ID 00172376196. Mandurah Coastal Times.
- ¹⁰Murray Mail. (2012, November 20). Murdoch University, **Caroline Nilson**: *Bindjareb 'yorgas' staying fit*. [Press Release], ID 00171195033.

CHAPTER ONE

INTRODUCTION

This thesis reports on the health and social and emotional wellbeing outcomes of a group of Bindjareb yorgas (women) taking part in a health promotion research initiative in an Aboriginal community in Pinjarra, situated in regional south west Western Australia [WA]. The Bindjareb Yorgas Health Program [BYHP] was developed to address some factors that contribute to the high prevalence of health issues experienced by Aboriginal women and their families (Vos, Barker, Begg, Stanley & Lopez, 2009), through the establishment of a holistic community owned and developed health and wellness program. The multifaceted BYHP comprised of cooking and nutrition classes, group fitness classes and walking group sessions, health yarning (information discussion and sharing) sessions, and a community vegetable garden project. A narrative art project was also conducted as a culturally appropriate method of gathering data.

According to the Australian Bureau of Statistics [ABS] Australian Aboriginal and Torres Strait Islander health survey (2012 to 2013), Australian born Indigenous men can expect to live to 69.1 years and Australian born Indigenous women can expect to live to 73.7 years (ABS, 2013). This is 10.6 years and 9.5 years less respectively than the life expectancy for non-Indigenous men and women (Australian Institute of Health and Welfare [AIHW], 2011a). In 2012 cardiovascular disease (CVD) and cancer were the two leading causes of death for Indigenous Australians (AIH, 2015). The most common types of CVD are hypertension, cerebrovascular accident, congestive cardiac failure, and myocardial infarction. The risk factors for CVD are obesity, poor nutrition, high cholesterol levels, physical inactivity, smoking, and diabetes. Lung cancer, liver cancer and breast cancer were the types of cancer that caused the most deaths among Indigenous people between 2008-2012 (AIH, 2015). The higher rates of death from

cancer in Indigenous Australians are attributed to the cancer types themselves where the prognosis is poor and the advanced state of the cancer by the time diagnosis is made (AIH, 2015).

Responding to the Indigenous health disparity, the BYHP was developed in collaboration with Caroline Nilson, a health professional, academic and researcher, at the request of the Bindjareb yorga Elders and leaders from the Murray District Aboriginal Association (MDAA) in Pinjarra, following the success of a 2011 seed project; 'The Deadly Koolinga Chef Program' (DKCP).

Background to the Study

The DKCP program was developed and conducted by Caroline Nilson in 2011 (Figure 4). The project engaged a group of 12 year old Bindjareb children in a 12 week nutrition and cooking adventure, where they learned how to plan, shop for and prepare a healthy meal for four. Each week the children took home their prepared meals, together with their new skills and knowledge, to share with their family. This resulted in a request by the Bindjareb women for a broader health promotion program to address the health and wellbeing of the community's women and by association, their families. The BYHP components were agreed upon by the study's community advisory group (CAG) as it addressed the Bindjareb women's concerns regarding the need for a more community specific, strength based, and culturally appropriate approach to health promotion to address the perceived health issues being experienced in their community (Figure 4).

Identification of the components for inclusion into the BYHP by the Bindjareb women ensured the program was responsive to the community's concerns (Cochrane, et al., 2008), rather from an assumption that all issues experienced in Indigenous communities are the same and will respond to a blanket approach of one-program-fits-all (Houston, 2006; Lavallée, 2009). Further, it highlighted the importance of

identifying community strengths, and using them in a way that optimised the effects of the planned intervention and contributed to their self-determination and empowerment (Ball & Janyst, 2008, Baillie & Paradise, 2005; Brough, Bond & Hunt, 2004; Hagan, 2009, cited in Hunt, 2013).

The pilot project and study for the BYHP was conducted between September 2012 and September 2013, and the timetable of events is detailed in Table 1. Like the DKCP, the cooking and nutrition classes, group fitness classes and the art workshops were conducted from the MOASH building; a community building on the grounds of the primary school situated in the main town, and only through the school terms. The vegetable garden project was established in April 2013 on the MDAA community centre [Centre] grounds on the outskirts of the town and the participants tended it on a regular ongoing basis. The walking group sessions were conducted on the MDAA grounds and also along the banks of the river that meandered through the main town in the research setting. The MOASH community building was built on the grounds of the town's primary school as part of a Western Australian program coordinated by the Community Development Foundation, which aims to actively increase the involvement of parents and carers in their child's life. The MOASH was chosen as a suitable venue as it was familiar to the participants and facilitated feelings of safety and security. Towards the end of 2014 the DKCP and the BYHP were relocated to the MDAA Centre following completion of renovations. This was considered a preferable location as engaging in activities on traditional land ensures a 'sense of place' (Williams & Guilmette, 2001), and is connected to the Aboriginal view of health and social and emotional wellbeing (Zubrick, et al., 2010).

Figure 4 A graphic representation of the structure and situation of the Deadly Koolinga Chefs program and the Bindjareb Yorgas Health Program within the context of the Bindjareb community.

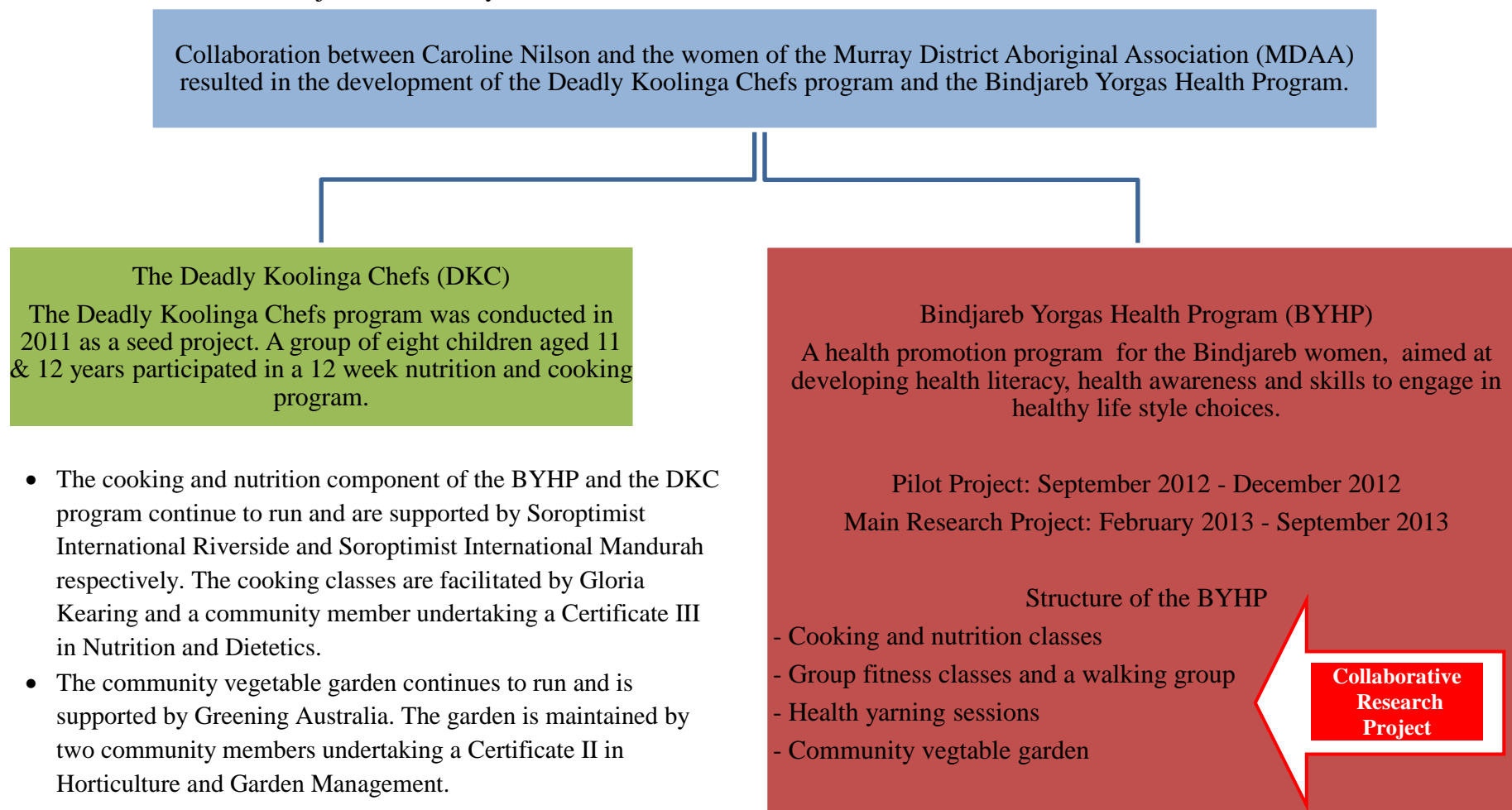


Table 1 BYHP timetable of events during the research timeframe

BYHP Components	Venue	Project, Specific Activity, Dates and Times	Class Totals
Group Fitness Classes	MOASH	Pilot Project - Zumba Mondays x 1 hour, school terms only September 10, 2012 to December 12, 2012,	12
(Health yarning incorporated into the classes)	MOASH	Research Project - Zumba Mondays x 1 hour, school terms only February 25, 2013 to May 27, 2013	12
	MDAA grounds and river bank (As above)	Pilot Project – Walking Group Friday x 1½ hours, school terms only September 14, 2012 to December 14, 2012,	12
		Research Project – Walking Group Fridays x 1½ hours, school terms only March 1, 2013 to May 31, 2013	12
	MOASH	Research Project - Boxercise Thursdays x 1 hour, school term only May 9, 2013 to July 4, 2013	9
Cooking and Nutrition Classes	MOASH	Pilot Project Wednesdays x 3-4 hours, school terms only September 12, 2012 to December 12, 2012	12
(Health yarning incorporated into the classes)	MOASH	Research Project Thursdays x 3-4 hours, school terms only February 28, 2013 to May 30, 2013	12
Art Workshops and Art Exhibition	MOASH	Research Project - Art Workshops Wednesdays x 3-4 hours May 1, 2013 to June 19, 2013	8
(Health yarning incorporated into the workshops)	CASM Art Gallery	Research Project - Art Exhibition August 2, 2013 to September 15, 2013 Artists talk (BYHP artists) Artist workshop (BYHP artists) Cooking exhibition (DKCP participants)	1 1 1
Vegetable Garden	MDAA grounds	Research Project 3-4 x per Week (roster and 'drop in') April, 2013 to current	Ongoing maintenance: participants and community members
(Health yarning incorporated when occasions arose)			

Significance of the Study

This research initiative, whilst facilitating community ownership and leadership of an Aboriginal health promotion program, aims to provide both short and long-term improvements in physical activity and healthy eating habits that will translate into improved health and wellbeing, and empowerment through increased health knowledge. These have important implications for the health and well-being, and the social and community capacity of the Bindjareb community in Pinjarra and may also serve as a template for similar health promotion programs in other similar communities. In addition, identifying environments that encourage Aboriginal participation, and are nurturing to both attitudes and aptitudes of good health behaviours, may have positive implications on future policy development and infrastructure planning related to Aboriginal health.

Aims of the Study

The study used a naturalistic interpretive design (Thorne, Reimer Kirkham & O'Flynn-Magee, 2004), supported by an ethnographic action research (EAR) approach (Tacchi, et al., 2003) that was guided by the Aboriginal health promotion Making Two Worlds Work (MTWW) framework (Mungabareena Aboriginal Corporation and Women's Health Goulburn North East [MAC and WHGNE], 2008), and sought to:

- Explore the effectiveness of the BYHP on improved health outcomes and health behaviours of the yorga participants;
- Examine the effectiveness of the processes, protocols, and operations of the BYHP in relation to community empowerment and self-determination; and
- Explore the sustainability of the BYHP in consideration to community commitment through community empowerment and self-determination.

Research Questions

In what ways does a community designed health promotion program:

- Facilitate healthy lifestyle change in the Bindjareb women and their families?
- Meet the needs of the Pinjarra Bindjareb women and provide a supportive environment for the women to engage in health promotion activities?
- Encourage community ownership of ongoing change in healthy lifestyle habits?
- Influence community action to lead to sustainability of the program?

Structure of the Thesis

This work is presented as a thesis by publication and to date two articles and one book chapter have been published (Appendix A, B, and C). Five additional articles have been submitted to selected journals for publication review (Appendix D, E, F, G and H); two of which (Appendix H and G) have undergone preliminary review and resubmission has been invited for both articles, following minor amendments.

The first introductory chapter for the thesis provides a brief background as to the establishment, significance, and aims of the study. The study is guided by four research questions which are explained.

The second chapter presents the literature review pertinent to the study initiative. The review explores the Aboriginal definition of health and wellbeing in relation to the development of culturally appropriate health promotion programs with and in Aboriginal communities. The review examines the literature pertinent to the components of the BYHP and includes cooking and nutrition, and physical activity programs, community vegetable garden projects, and extends to topics on health risk behaviours, which are relevant to health promotion during the health yarning component.

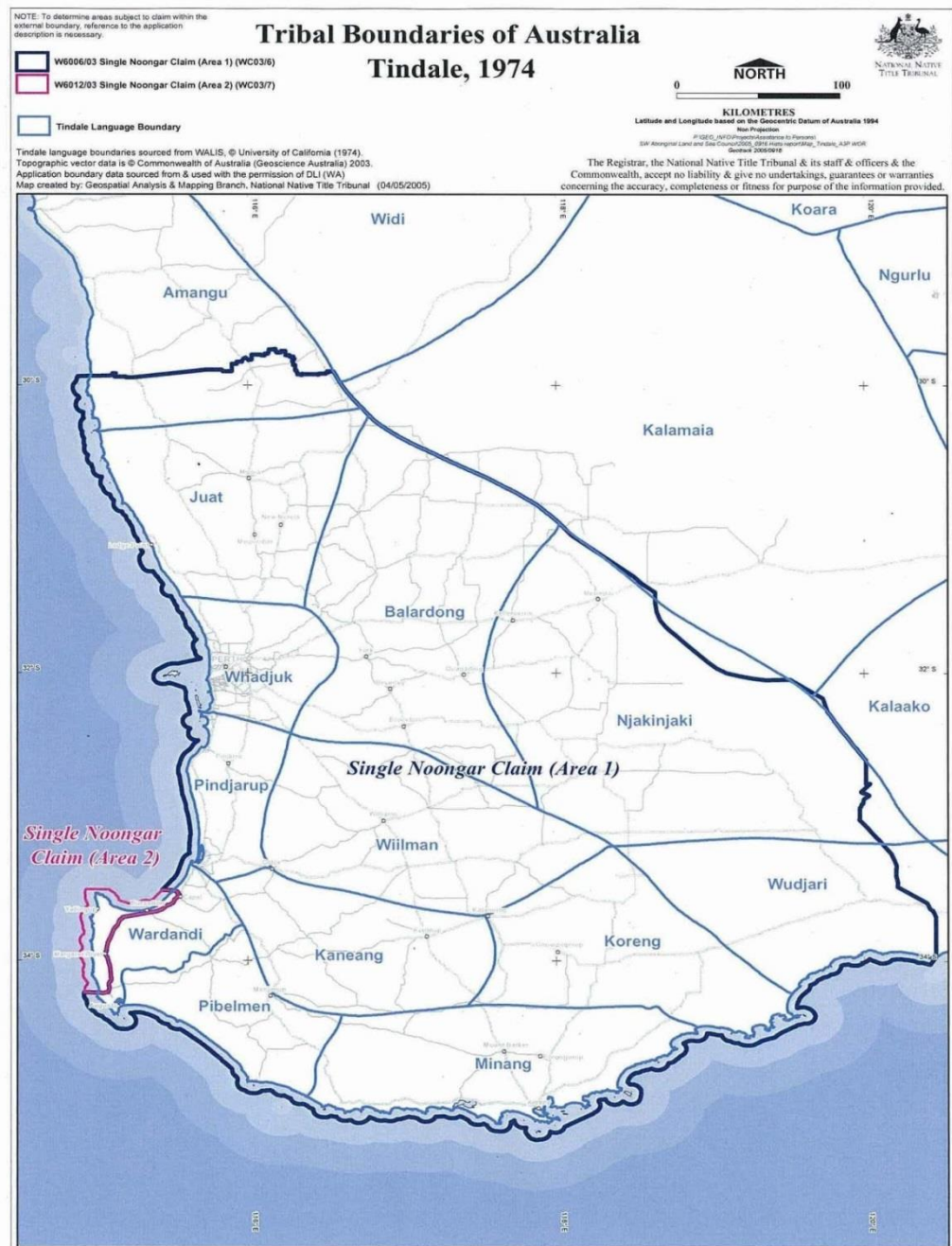
Chapter three presents the methodology used for the study. The research method, setting, sample selection, data collection, and data analysis are discussed. Ethical implications are also presented. The chapter introduces the theoretical framework of the Aboriginal health promotion MTWW Framework (MAC & WHGNE, 2008), which

proposes empowerment as its foundation and is underpinned by Aboriginal concepts of health and wellbeing. In addition, two articles on the decolonising methodology of EAR are presented in this chapter. They highlight the processes and outcomes of the research from the participatory and consumer perspectives, with an understanding that the project was developed and evaluated within the context of the community's beliefs, values and aspirations.

The fourth chapter presents the findings of the research. The qualitative data analysis of the four components of the BYHP resulted in the findings being reported in four individual articles; one of which has been published. The discussion on the emerging themes and subthemes are presented with supporting evidence gathered through the course of the study. In addition a published article reporting on a narrative art project, as a culturally appropriate method of gathering data is included in this chapter. To conclude the findings chapter, a further article currently under review, that details Caroline's learning journey through reflexivity, is also included.

The fifth and final chapter concludes with a discussion on the limitations of the study and the recommendations for further research are highlighted. This chapter provides the conclusion to the study.

Figure 5 Tindale's (1974) map of the Nyungar tribal boundaries identifying 14 tribal groups.



Source: South West Aboriginal Land and Sea Council [SWALSC]. (2015). *The Tindale map, 1974*. Retrieved from <http://www.noongarculture.org.au/noongar/?searched=yes>

Figure 6 Map of the Nyungar nation showing the six newly established native title land claims. The Gnaala Karla Booja region encompasses the towns of Capel, Donnybrook, Balingup, Wickpin, Narrogin, Williams, Mundijong, Kwinana, Brookton, Pingelly, Wagin, Harvey, Collie, Pinjarra, Mandurah, and Boddington. The approximate size of the Gnaala Karla Boodja region is 30424.531 sq.km.



Source: Government of Western Australia, Land Approvals and Native Title Unit.

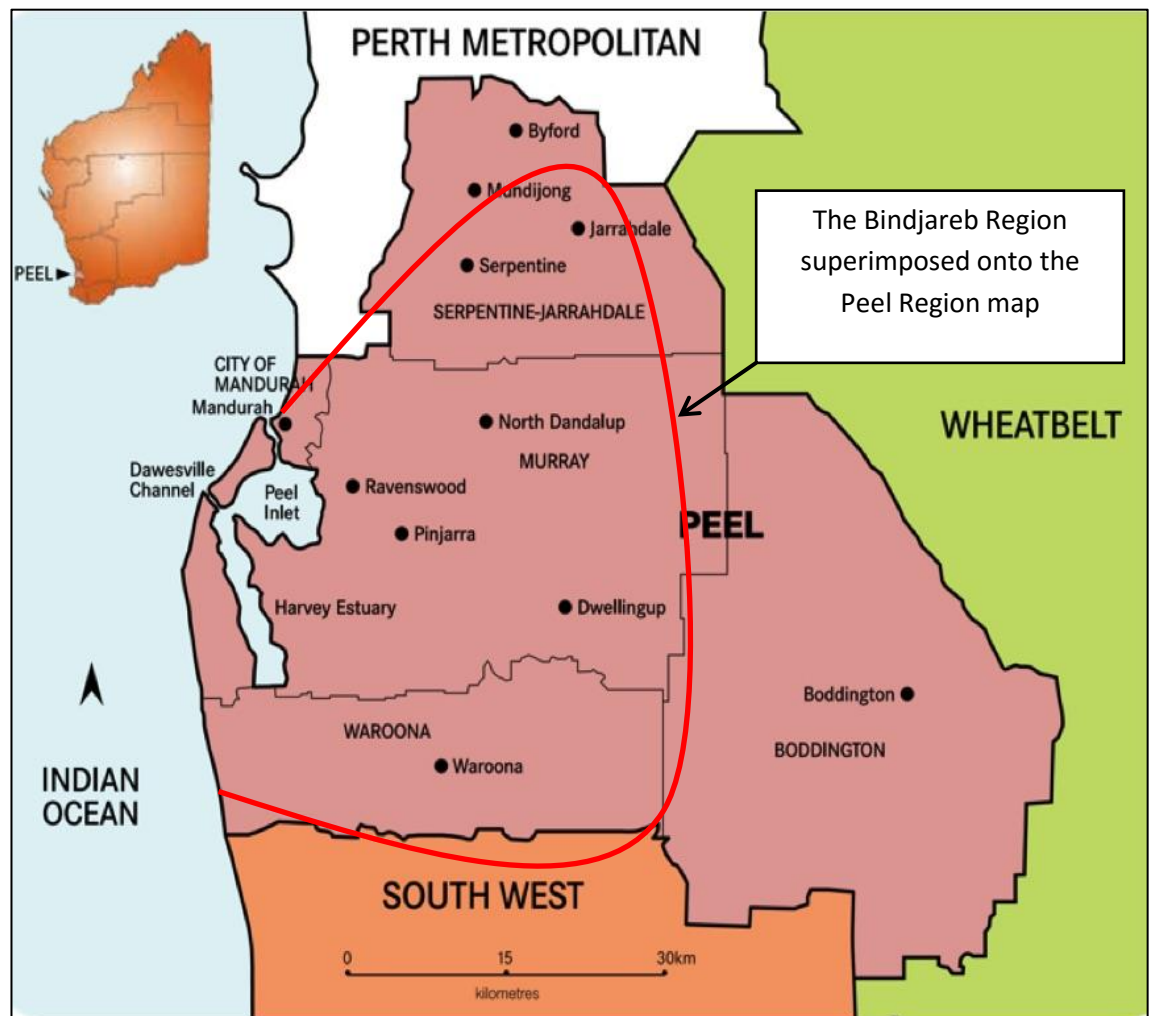
(2015). *South West Native Title Settlement – Fact Sheets – Full collection*. Retrieved from <https://www.dpc.wa.gov.au/lantu/Claims/Pages/SouthWestSettlement.aspx>

Figure 7 Map of the Bindjareb (also spelt Binjareb, Pindjareb and Pinjarup) region in situated in the Gnaala Karla Booja region of the Nyungar nation of south west Western Australia. The Bindjareb people were ‘people of the wetlands’, which were the main feature of the bioregion they inhabited. The Bindjareb region stretches south along the coast from Mandurah to Yalgorup and heads east to the Darling Scarp foothills and then north along the ridgelines to Midgegooroo and then southwest to Mandurah. Western long-necked tortoises, black swans, ducks, and migratory birds formed an important part of their diet. Many of these wetlands have now been reclaimed, and the region has become irrigated pastures for cattle grazing and dairy farming.



Source: A scan of a purchased copy of the Aboriginal Australia Map. David R Horton (creator), The Australian Institute of Aboriginal and Torres Strait Islander Studies Aboriginal Studies Press.

Figure 8 Map of the Peel Region showing the five local Western Australian Government areas of the Shire of Boddington, the Shire of Murray, the Shire of Serpentine-Jarrahdale, the Shire of Waroona, and the City of Mandurah.



Source: Government of Western Australian, Peel Development Commission. Retrieved from <http://www.peel.wa.gov.au/our-region/map-of-region/>

CHAPTER TWO

LITERATURE REVIEW

A literature search was conducted by Caroline Nilson [CN] to investigate three main areas that related to the development and delivery of the BYHP and these were: health and wellbeing of Indigenous peoples, nationally and internationally; Indigenous community health promotion initiatives; and Indigenous research practices and protocols. Using the Murdoch University library catalogues and databases, the domains of Australian Indigenous studies, business and economics, communication, media and cultural studies, community development, environmental science, history, philosophy, psychology, sports science and exercise physiology, sustainability, and women's studies were selected. The following key words were used to search the databases:

Australian Aboriginal health promotion framework, Australian Aboriginal health, Australian Indigenous health research consumers, Australian Indigenous life expectancy, Australian Aboriginal lens approach, Australian Aboriginal social and emotional wellbeing, Aboriginal consumer engagement, Australian Aboriginal physical activity, Aboriginal community development, Aboriginal health yarning, Aboriginal health literacy, Aboriginal health promotion, Sustainability, Community based health promotion, Community capacity building, Community-centred approach, Community control, Community decision making, Community determination, Community social vitality, Cultural nutrition, Indigenous, and Strength-based research approach.

The selected literature specifically focused on Indigenous community health promotion projects that engaged the community in the development and facilitation of the projects. The review highlighted what was known about the processes required for culturally appropriate community engagement and project development, and was useful in being able guide the establishment of the methodological focus of the BHYP research

initiative with adherence to the Indigenous paradigm principles and protocols. The review summary corroborated with the MTWW framework (MAC & WHGNE, 2008), which is underpinned by the empowerment theory as a scaffold for the current study and the recommendation of an ethnographic action research [EAR] approach (Tacchi, et al., 2003) for the methodological orientation.

Introduction

In Western Australia, the life expectancy for Aboriginal and Torres Strait Islander [Indigenous] peoples is far less than in non-Indigenous with a gap of 14 years for Indigenous males and 12.5 years for Indigenous females (AIH, 2013; ABS, 2013). These statistics are not dissimilar for Canadian Indigenous peoples (Government of Canada, Statistics Canada, 2013), American Indigenous peoples (United States Department of Health and Human Services, 2013) or New Zealand Maori peoples (Grant, Wall, Yates and Crengle, 2010; New Zealand Ministry of Health, 2013).

A broad range of factors impact on people's lives to influence life expectancy such as: economic stability; housing and environmental health factors; access to effective services and risk and lifestyle behaviours (Vos, et al., 2009). The five major leading causes of Australian Indigenous deaths between 2008 and 2012 were: circulatory diseases; cancer; respiratory diseases; diabetes and injury and poisoning. Obesity, lack of physical activity, unhealthy diet, harmful alcohol use and tobacco smoking were identified as the most common risk factors contributing to these causes of death (AHI, 2013, 2014, 2015; Gould, et al., 2014; Vos, et al., 2009;).

Numerous studies have indicated that the gap between Australian Indigenous and Australian non-Indigenous people's life expectancy is greater than in New Zealand, Canada, and the United States of America (AIHW, 2011b). However, there are reported difficulties with using statistics from country comparison studies due to differences in methodologies, concepts and data measures (AIHW, 2011b). Irrespective of the caution

in using comparisons of country estimates, and the accuracy of the individual country estimates, the data conveys a message of the relative magnitudes of Indigenous life expectancy worldwide (AIHW, 2011b).

Health Promotion as a Community Investment

As health is a basic human right and is essential for economic and social development, health promotion is an important community investment. Five key health promotion strategies set out in the Ottawa Charter (1986) have been shown to be integral to the success of health promotion initiatives (World Health Organisation [WHO], 2009). These five strategies are: build healthy public policy; create supportive environments; strengthen community action; develop personal skills and reorient health services. There is clear evidence that suggests that comprehensive approaches to health development that incorporate a combination of the five key strategies rather than simply a single-track approach are the most effective (WHO, 2008, 2009). The development of the BYHP aimed to address the most common risk factors causing deaths in Aboriginal people through promoting healthy exercise and eating habits. This was undertaken using the five key health promotion strategies and knowledge gained from recent health promotion initiatives available in the literature, which are now discussed.

Establishing Programs that Promote Healthy Eating

Chronic disease places a great burden on Aboriginal communities and access to the education required to develop skills, knowledge and the self-efficacy involved in choosing healthier diets is a priority (Abbott, Davidson, Moore & Rubinstein, 2010; Brimblecombe, Ferguson, Liberato & O'Dea, 2013; Darton-Hill, Nishida & James, 2004; Jamieson & Heron, 2009). The findings from a descriptive qualitative study that used semi-structured interviews to explore the experiences of 23 Aboriginal people from western Sydney suburbs attending diabetic and nutrition cooking lessons identified some important factors influencing changes in dietary behaviour (Abbott, et al., 2010).

The most crucial determinant to achieve sustained dietary change by the participants was identified as the family. The researchers suggested that future nutrition interventions in Aboriginal communities be directed at targeting family units so as to maximise the social effects of dietary change.

To determine if a household based intervention would be effective in reducing high energy intake foods, Anand and colleagues (2007) undertook a randomised open trial study conducted in 57 households from the Six Nations Reserve in Ohsweken, Canada. Their findings, after six months of regular home visits by Aboriginal health counsellors, the delivery of educational events about healthy lifestyles and the provision of filtered water, suggested that modest changes in dietary practices occurred. They reported that strong cultural, socio-economic, and political forces influenced the community's short and long term abilities for healthy life style planning and this was further influenced by a large number of fast food outlets in the surrounding districts (Anand, et al., 2007).

To evaluate the reported dietary intake of 100 urban Indigenous participants in Townsville, Queensland, Longstreet and others (2008) conducted a prospective lifestyle intervention study. The findings identified that the protein and fat intake was significantly higher than the recommended daily intake and the vitamin and mineral intake were below the recommended intake. The authors suggested that the nutrient patterns of the study cohort may be indicative of the association with the chronic disease burden. In a later study Brimblecombe and O'Dea (2009), explored the relationship between dietary quality and the cost for an Aboriginal group living in remote northern Australia over a three month period. Data was collected using the electronic food transaction records from the food outlets. They found that refined carbohydrates, which were the lowest cost options contributed disproportionately to the total energy purchase. In contrast, nutrient dense foods such as protein products and

fruit and vegetables contributed to the least energy purchased and corresponded to the highest costs.

These findings were confirmed in a further study undertaken by Brimblecombe and colleagues (2013) where the findings highlighted the high expenditure on sweetened beverages and low expenditure on fruit and vegetables. These two studies specifically investigated the dietary habits of remote Aboriginal communities; however the findings confirmed that in addition to the cost being a barrier to purchasing healthy food, there were some additional barriers to preparing and cooking healthy food, and these could also apply to urban and regional Indigenous communities. Housing overcrowding, lack of food preparation and food storage facilities, the lack of cooking equipment and appliances, and the lack of cooking skills and knowledge were highlighted as barriers.

Access to healthy food and food costs have been found to be a potential inhibiting factor in promoting healthy eating. To investigate the increasing costs of basic food Harrison and associates (2007) conducted a series of four cross-sectional surveys to assess changes to the cost and availability of a standard basket of healthy food items as identified by the Healthy Food Access Basket used around Australia as a tool to monitor food costs. The findings supported the notion that high food prices are likely to be the main barrier to good health among vulnerable groups. A similar study conducted by Harrison and a different team of researchers (2010), suggested that the inequity to economic and physical access to healthy food was greatest in the remote and very remote towns in Australia, and was a key factor in determining the purchasing choices of the groups living there.

To examine the dietary change needed to achieve optimal nutrition at the lowest cost, Brimblecombe and her colleagues (2013a) used optimisation modelling on a twelve month cross-section of population purchased food in three communities with

peoples of Aboriginal ethnicity being in the majority. The findings suggested that in order to achieve the national targets for a nutritionally balanced diet, at the lowest cost, large shifts in habits would be needed. The authors identified that a healthy diet is not necessarily more expensive, but that shifting perceptions that a healthier diet is more expensive would require innovative strategies.

To determine the factors influencing food choices in American Indian households, Gittlesohn and his colleagues (2006), conducted a cross-sectional study, which was analysed using a multivariate linear regression. The randomly selected 270 participants were the food shoppers from selected households on two American Indian reservations in Arizona. Pre-prepared foods formed a substantial part of the diet and food acquisition was predicted by food use intentions, which also related to self-efficacy in food work. To explore the social contexts of food choices and perceived factors that shape choices, Brimblecombe and others (2014) conducted a study using an ethnographic approach over a three year period in a large Northern Territory Aboriginal community. In total 46 adults participated in interviews and discussion groups and the findings suggested that there was a perceived imbalance between the Western imposed diet and the inability to emulate the traditional food knowledge patterns and pass them down to the younger generations.

These findings were similar to those of Thompson, Gifford and Thorpe (2000), who reported that the Aboriginal participants in their mixed methods study perceived food to be divided into three groups: family food, fast food and diet food. Family food was perceived to be 'slow' food that was prepared and shared by the family and was considered to nourish family relationships similar to the context of traditional ways. Fast foods were purchased to eat and served only to satisfy hunger and diet food was considered to be westernised and was viewed as undesirable and disconnected from any social and family context. In a study conducted by Stroink and Nelson (2009) with two

Indigenous communities in Canada the results of a survey collected from 20 participants revealed that they had a low baseline knowledge of traditional food systems and a reliance on Western food systems that is supported by ease, convenience and price and not on cultural connectedness to food.

To investigate the implications for nutrition and cooking promotion in urban Aboriginal families in a Brisbane suburb, Foley (2010) conducted an ethnographic study over 2 years. In-depth interviews and participant observation were conducted to explore family food practices and experiences. The findings suggested that while women were concerned that their families ate healthy food, factors such as domestic workloads, large family numbers and making unpopular dietary changes were barriers. To investigate additional barriers to home food work Foley, Spurr, Lenoy, De Jong, and Fichera (2011) reflected on their experiences as dieticians having facilitated 10 cooking workshops for Indigenous adults in community settings in Brisbane. The findings supported that the practical focus on food preparation and the use of basic kitchen appliances increased confidence. In addition, the use of simple nutritious, inexpensive and uncomplicated recipes encouraged duplication of the meal in the home. Further, respectful communication, relationship building and facilitator flexibility was seen as an important factor for participation and success of the workshops.

Engagement, accessibility, relationship building and respectful communication with Aboriginal communities were also found to be an important finding in Wilson, Jones, Kelly and Magarey's (2012) research investigating healthy eating in Aboriginal communities. Their research investigated the reception of the 'eat well be active' [ewba] mainstream program in two Aboriginal community settings; one rural and one urban. Interviews were conducted with nine ewba staff and Aboriginal workers from both settings. The findings suggested that to increase engagement and acceptability of

programs for Aboriginal peoples, it is important that relationships are established and meaningful involvement of the communities in all phases of the project is critical.

Food Security

Healthy eating is heavily influenced by food security, which is defined as all people having access to enough food at all times to live a healthy active life (Booth & Smith, 2001; Ramsey, Giskes, Turrell & Gallegos, 2012; Rosier, 2011) and Rosier (2011) cites three key components to ensuring this:

Food access: the capacity to acquire and consume a nutritious diet, including:

- the ability to buy and transport food;
- home storage, preparation and cooking facilities;
- knowledge and skills to make appropriate choices; and
- time and mobility to shop for and prepare food.

Food availability: the supply of food within a community affecting food security of individuals, households or an entire population, specifically:

- location of food outlets;
- availability of food within stores; and
- price, quality and variety of available food

Food use: the appropriate use of food based on knowledge of basic nutrition and care (p. 2).

A major predictor to food insecurity is low income, with other determinants being ethnic minorities, marginalised groups, low levels of education and family types (large families (overcrowding), single parent families, unemployed, homeless) (Booth & Smith, 2001; Ramsey, et al., 2012) . There are several hypothesised mechanisms through which food insecurity is linked to poor health outcomes. The cyclic pattern of access to money leads to a swing between bingeing and fasting, and results in weight gain through metabolic changes and leads to nutrient deficiencies (Ramsey, et al.,

2012). In turn this leads to the development of chronic disease (cardiovascular disease, diabetes, depression), which is debilitating and decreases participation in the work force and consequently reduces the earning capacity (Ramsey, et al., 2012). Indigenous populations are very vulnerable to food insecurity regardless of their location because of factors such as poor income, household overcrowding and poor infrastructure, reduced access to transport, and poor storage and cooking facilities (Browne, Laurence & Thorpe, 2009; Rosier, 2011). Therefore, the disadvantage of cultural isolation can have a particular impact on equitable access to food, which leads to food insecurity and a risk to health (Browne, et al., 2009; Condon-Paoloni, 2011; Palermo, 2011).

Community vegetable garden projects in Aboriginal communities have been found to decrease food insecurity and build self-determination (Green, 2009; Hume, O'Dea & Brimblecombe, 2013). To explore this, Green (2009) used participatory research and observation and conducted semi-structured and unstructured yarning groups with 44 participants from seven remote Aboriginal communities and one outstation in Western Australia and the Northern Territory. While the researcher details the benefit of equitable access to fresh vegetables and fruit grown in the gardens, she also acknowledges that to ensure sustainability there must be community attention to dedicated training in horticulture and garden management (Green, 2009).

To explore the impact of a community gardening project on food security, Carney and colleagues (2012) conducted a community-based participatory [CPB] research project with 38 families from a Hispanic community in rural Oregon in the USA. The CPB approach they used enabled the researchers to establish relationships and reduce the barriers of discriminatory feelings through collaboration and a strength based focus. Data were gathered through pre and post gardening questionnaires, focus group meetings and 10 individual interviews. The findings demonstrated that there was a four-fold increase in vegetable consumption by the adults and a three-fold

consumption by the children; however the families continued to rely on food banks and food programs in times of need. Additional findings identified feelings of emotional well-being and the positive impact the gardening activities had on improved family relationships. Further, there was a sense of pride and achievement in growing the vegetables.

These findings were supported by Kingsley, Townsend and Henderson-Wilson, (2009), who suggests that community gardens provide an environmentally safe space to escape the daily stressors of life and are an outlet for social interaction. Townsend (2006), and Thompson, Corkey and Judd (2007) further supports this and report that belonging to a group undertaking activities in a natural environment engenders a sense of belonging and a commitment to contribute, which is socially valued and has a positive impact on health and social and emotional well-being.

Sustainable food systems are particularly important to Indigenous peoples' ability to access fresh fruit and vegetables (Hume, et al., 2013; Hunter, Onnis & Pritchard, 2014; Stroink & Nelson, 2009). While community vegetable garden initiatives are feasible to increase the consumption of locally grown vegetables and other fresh produce, horticulture expertise and personal and community commitment are crucial in translating efforts into food consumption (Hunter, et al., 2014). To date many Aboriginal community garden projects have been reliant on external drivers and building and maintaining a skilled Aboriginal workforce in a welfare dependent economy is challenging. If projects are to be successful there must be relevance to the local community and local community based planning is critical (Hunter, et al., 2014).

In a study to determine the principles of sustainability of Aboriginal non-profit community gardens, Hume and colleagues (2013) visited 18 gardens in the Australia's Northern Territory. Interviews with 21 people (Aboriginal and non-Aboriginal) were conducted and the findings reported that concepts of community control, consultation

and engagement were critical. Growing crops that the community would eat was also highlighted as important, and the engagement of an Aboriginal manager with knowledge and skills in gardening and growing on a long term basis was critical. Further findings, suggested that management protocols needed to be culturally sensitive and that pay structures for workers were essential. To conclude the researchers highlight the importance of stable funding structures to provide equipment, supplies and ongoing training.

Others' research supports a community leadership model and suggests that community investment is a key principle to success (Corrigan, 2011; Saldivar-Tanaka & Kransy, 2004) and when strong leadership is lacking the community is less likely to invest in the project (Saldivar-Tanaka & Kransy, 2004). In a study to determine the role of community gardens on community development Saldivar-Tanaka and Kransy (2004), conducted interviews with 32 community gardeners from Latino communities in New York City. A significant finding was that the gardens were considered to be a cultural and social hub and where community members met to share culture, relax, exercise and cook. Using participatory research methods, Mundel and Chapman (2010) aimed to contribute to the literature on decolonising health promotion initiatives, by conducting research on an Indigenous community kitchen garden project in Vancouver, Canada. The authors concluded that the garden provided a place for Indigenous people to engage and celebrate their culture and enjoy the cultural ceremonies and teachings conducted by the Elders and leaders.

Culturally Safe Physical Activity Initiatives Without Social Stigma

Database searches revealed little research on physical activity interventions in Australian Indigenous communities and notably no published literature was found on studies conducted in Western Australian urban communities. One study however, aimed at exploring issues that impacted on physical activity, was conducted among urban

Indigenous Australians living in Brisbane (Hunt, Marshall & Jenkins, 2008). The study involved 96 adult participants, and using focus groups, they explored the meaning of the barriers to potential strategies for physical activity promotion. The results overwhelmingly reported that the community must be engaged from the outset in any attempts to increase physical activity and that cost and accessibility must be a major consideration. Cultural safety was also an important issue as social stigma and the concern of being judged by others in public places was also a key finding (Hunt, et al., 2008).

Internationally, a community-based physical activity intervention was implemented with over 242 groups of Indigenous peoples from British Columbia (Foulds, Bredin & Warburton, 2011). The training program engaged 5925 individuals between 2007 and 2010 and the findings highlighted that there were improvements in health measures across all age groups and in both genders and the greatest improvements were observed among participants who self-selected to the walking program. This finding may have been attributed to the fact that the walking program was less strenuous and the participants were those who had a poorer health status and as a result any improvement was marked. A further positive finding confirmed that because the program was implemented at a community level and represented and involved community members in all processes it enabled communities to continue the interventions beyond the research timeframe.

Creating an enabling environment has also been investigated in a pilot project undertaken in a south-western area of Sydney and was aimed at participation in physical activity and learning cycling-related vocational skills (Bindon, Headley, Rissel & Wade, 2009). A fleet of six bicycles and accessories were provided to the Miller Hub Community Health Service for purpose related use (medical appointments and job interviews), recreation, and physical activity. Cycling maps and cycling-related health

promotion pamphlets were provided to the participants and in addition, the participants were invited to a TAFE Bike Fleet Maintenance course. The latter activity has succeeded in engaging participants to complete vocational training and proficiency courses and the researchers report that the success in this regard sets an important precedent for capacity building within disadvantaged communities.

The structure of physical education programs for Indigenous communities has the potential to fail if westernised views and definitions are used, and they differ from Indigenous theories (Gray, Macniven & Thomson, 2013; MAC & WHGNE, 2008; Thompson, 2010). This was confirmed in one such exercise program aimed at examining Indigenous children's sense of connectedness and belonging within the school environment through the introduction of a Traditional Indigenous Games [TIG] program. The program was implemented in 2007 (Kiran & Knights, 2010) using a cluster randomised control trial in four mainstream schools in Townsville. The games, historically played by Australian Torres Strait Islander societies during social gatherings were modified to be age appropriate and then conducted by trained TIG facilitators, once a week for three months. There was no evidence of improved connectedness or increased levels of physical activity as a result of the intervention. The researchers concluded that the project was seen as "secular and contemporary rather than an ethno-cultural intervention" (p. 151).

The notion that schools are the ideal setting of choice for health promotion activities was explored by Booth and Oakley (2005). Their conclusion suggested that rather than schools being the primary focus for programs to promote physical activity, there should be engagement between schools, community, and policy makers to drive the development of activities offered by communities. This would have potential impact on school leavers retaining all connections to physical activity, which would then translate into active adults.

In order to develop and implement a community relevant and appropriate physical activity program, Kirby, Levesque, Wabano, and Robertson-Wilson (2007) investigated the relationship between perceptions of the environment and physical activity in 274 participants from a community in Ontario. The findings suggested that the social, physical and aesthetic environment were important factors for participation and was an important consideration to the development for culturally secure programs. Thompson and colleagues (2000) conducted a study using a mixed three stage method to contextualise behavioural risk factors in Aboriginal people living in Melbourne, Australia. Two focus group discussions, two small group discussions and 38 in-depth interviews were conducted during the first stage of the research. An important finding identified that food and exercise could not be 'dealt' with in the absence of their social and cultural meaning to Aboriginal peoples. Physical activity was considered in three ways: exercise, activities conducted in everyday life and sport. Exercise was viewed as optional and generally considered disconnected from family processes. Activities performed as part of everyday life was considered to be connected to family and community. This is supported by O'Keefe, Vogel, Lavie and Cordain (2011), who suggest that this thinking links back to traditional hunter-gatherer days where physical activity was woven into everyday lives and was seen as a commitment to family and community. Sport was also highly valued because of the connections to family and community commitment.

Consideration of Risk Behaviours That Threaten Good Health

Although the BYHP was not specifically targeting risk behaviours such as smoking and alcohol consumption it was important to understand their influence as determinants to poor health. In addition, risk behaviours were potential topics for discussion in the health yarning sessions.

High risk behaviours such as smoking contribute to the high rates of mortality and morbidity in Indigenous Australians (ABS, 2013; AHI, 2013; Mark, McLeod, Booker & Ardler, 2004). Although smoking rates among Indigenous adults in Western Australia have fallen, the most recent data show that the smoking rate remains at nearly double that of non-Indigenous rate at 39% (AHI, 2013). In the Shoalhaven and Illawarra regions of New South Wales, 115 Indigenous people participated in a Quit Smoking program, 70% of whom were women; however the study yielded low quit rates (Mark, et al., 2004). This was attributed to the support group workshops being held in office hours and to the low average number of previous attempts to quit being hampered by other people continuing to smoke around them. While there was mention of collaboration and professional development of Aboriginal Health Workers on tobacco cessation, there was no mention of community engagement or collaboration. Interestingly, in this regard, research conducted by Marlene Thompson (2010) reports that the smoking status of Aboriginal Health Workers is a barrier to providing quit support to their communities. A recommendation from her study, suggested that methods that supported Aboriginal Health Workers to address their own smoking habits should be a priority.

Anti-tobacco messages are a commonly used health education strategy (Gould, et al., 2014) and their effectiveness amongst Indigenous communities was investigated by Gould and colleagues (2014). Using a cross-sectional study using mixed methods to investigate differences in organisational processes for the development of anti-tobacco messages targeted to the Aboriginal population, the researchers conducted 47 telephone interviews. The findings highlighted that threat messages were not effective; however negative health effect messages were effective. The negative health effect message combined with a 'how-to-quit' message and recommending two or more referral options was shown to positively influence message efficacy.

The effects of anti-tobacco television advertising on smoking cessation were examined in 351 members from remote Aboriginal communities in the Northern Territory (Ives, et al., 2005). While exposure to anti-tobacco exposure was high before and after the intervention year and the recall of the advertising was high, there was a low cessation rate overall. The researchers reported that the study design using a 'pre and post' approach was not ideal and that an intervention project offering advice and support to the communities by health professionals, would have reached a larger audience.

High risk drinking in younger Australian Indigenous people (25-44 years) is at a higher risk level than non-Indigenous people in the same age group (ABS, 2013) and alcohol and other drug misuse particularly in regional communities is of great concern (Nichols, 2010). Scant literature on community based alcohol cessation projects was available. However, using a descriptive, grounded theory, participatory action study design Nichols (2010) examined Aboriginal perceptions of alcohol misuse in the Aboriginal community in Derby, north Western Australia. The study also explored Aboriginal perceptions of alcohol prevention, intervention and evaluation programs available to them. Of the 100 participants, only 22 reported personal or family experience of residential alcohol intervention approaches. However, the evaluations of these interventions endorsed that the life-skills and substance education and the physical and emotional support that was received was valuable. In the main, the respondents reported that programs were ineffective in the long term due to a lack of education on skills development, which are fundamental for self-determination.

Community Self-Determination and Empowerment

Another factor in the delivery of health promotion initiatives in Indigenous communities has been found to be the positive engagement with the community itself. Jamieson and Heron, (2009) found that a 'one program fits all' was not a beneficial

approach. This was because it did not address the diversity and dynamic nature of the Aboriginal people. They concluded that support, empowerment and self-determination be placed at the centre of the health project to enhance overall success. This has been supported through other research (Lavarack, 2006, 2007), which suggests that using a domain approach to empowerment provides a more systematic means for community determination in a programme context. Lavarack (2006a) reports on two case studies where nine predetermined 'empowerment domains' were used to improve participation, develop local leadership, increase problem solving skills, enhance critical thinking, develop local organisation structures and resource mobilisation, provide avenues for partnership opportunities, and increase community control over program management.

A strength-based approach to health promotion in an urban community drew on the five key strengths of family connections; community commitment; community organisations; neighbourhood networks and community events. The project was described through an Indigenous 'narrative of identity', which was derived from 17 in-depth interviews and 20 focus group discussions with participants from Brisbane, Logan and Ipswich in Queensland (Brough, et al., 2004). Using the five key strengths to develop the 'strong in the city project', resource relationships were developed to agenda action in health promotion initiatives. The resource relationships that developed were: professional support; networking resources; management support; specialist support and financial support. The recommendations suggest focusing on community strengths through strength audits rather than needs assessment, which all too often leads to disempowering consequences, constantly drawing on characteristics of weakness (Brough, et al., 2004).

Family involvement, engagement, and empowerment have proven to be an important driver of nutrition and physical activity behaviour change (Abbott, et al., 2010; Lavarack, 2006, 2007). To synthesise seven discrete evaluation reports of the

Indigenous Australian family empowerment programs conducted in four settings in the Northern Territory and Queensland, Tsey and others (2010) used thematic analysis. In describing empowerment and its applicability to Indigenous Australians, Tsey, et al. (2010) report that “in Australia, a lack of control or mastery has long been acknowledged as one aspect of a broader experience of powerlessness that needs to be addressed to reduce the current preventable Indigenous burden of disease and close the health disparity gap” (p. 170). The four major themes were: relevance to Indigenous people, transformation and change, social connectedness and support, environmental constraints and support. The findings related to participants being able to demonstrate empowerment through an enhanced capacity to exert control over factors shaping their health and wellbeing. Empowerment and self-determination for Aboriginal people living in urban settings may be more difficult, as they may be a loose network of dispersed families rather than a community (Browne, et al., 2009). Being in the minority group often means that the group is not ‘heard’ in local planning and decision-making forums (Browne, et al., 2009). However, integrating the principles of participatory action research and other similar research approaches is important when working with urban Aboriginal people because “participants drive the agenda, and researchers assist, but do not direct, the process” (Tsey, et al, 2007, p. S36).

Understanding Indigenous Models of Health Promotion

An increased understanding of the meaning of Indigenous well-being is important to the provision of culturally effective approaches to health promotion delivery (Brough et al., 2004; Durie, 2004; Kelly, 2006; McLennan & Khavarpour, 2004). This was explored in a study conducted in an Aboriginal community in north-eastern New South Wales, which concluded that the ‘whole-of-life’ view is essential to holistic strategies for Aboriginal health promotion. The authors also found that to successfully deliver current health information and education to a community, traditional oral history

techniques must be utilised (McLennan & Khavarpour, 2004). Discussing the use of conversation methods in Indigenous research, Bessarab and Ng'andu (2010) used yarning as a method to gather data in their research. In this context the researcher was described as the "traveller who embarks on a journey to visit the lived experience of the research participant to find out about their life world" (p. 38). Durie (2004) suggests that transfer of western health knowledge to Indigenous people is done in ways to strengthen Indigenous world views and benefit health and wellbeing.

The findings of a qualitative study with a participant observation approach conducted by Barnett and Kendall (2011), to investigate the implementation of an educational health promotion program in three Aboriginal communities in Queensland, identified four factors that impacted on successful engagement. They were to facilitate community ownership and leadership in the program, be responsive to local protocols and systems, to consider and incorporate local knowledges and traditions, and to use local communication protocols.

Summary of the Literature

The literature suggests that positive engagement and consultation with the Aboriginal stakeholders throughout the entire planning, implementation and evaluation process of any Aboriginal research project is crucial. This ensures project success for both the researchers and the community (Bindon et al., 2009; Jamieson & Heron, 2009; Kelly, 2006; Wilson, et al., 2012). Mutual trust and respect must be established on the understanding that the knowledge from the research will have a real potential to benefit the community (Brough et al., 2004; Kelly, 2006; McLennan & Khavarpour, 2004).

Importantly, some researchers warn against health promotion that is driven from the Anglo-Saxon perspective that revolves mainly around delivering a key message about problematic behaviour, namely; smoking or alcohol use (Brough et al., 2004; McLennan & Khavarpour, 2004; Tsey, et al., 2010) suggesting that health promotion

initiatives must engage in validating the cultural identities it seeks to work with.

Therefore, by identifying strengths in the community, like extended families, cultural knowledge and skills and community networks, and using them in a way that will optimise the effects of the planned intervention to reduce the stereotypical images of hopelessness, will contribute to their self-determination and empowerment (Bindon, et al., 2009; Brough et al., 2004; Tsey, et al., 2007; Tsey, et al., 2010). In addition to this the 'whole life' view proposed by McLennan and Khavarpour (2004) marries well with the request by the Bindjareb women to implement aims that addresses their need to 'feel well' in a holistic sense.

Understanding the effects of skills and knowledge development on improving health and wellbeing of Indigenous peoples appeared to be a consistent recommendation for further research in the literature (Bindon, et al., 2009; Brimblecombe, et al., 2014; Hunter, et al., 2014; Ives, et al., 2005; Nichols, 2010). In addition, long term engagement and suitable sustainable funding was seen as crucial to ensure appropriate levels of knowledge and skills development, which importantly had the potential to contribute to community capacity and mobilisation (Hume, et al., 2013). However there was also warning that any transfer of western health knowledge to Indigenous people should be considerate of Indigenous world views and ways (Durie, 2004).

The development of the BYHP was community based and driven (Hunter, et al., 2014), and the recommendations from the literature were taken into consideration when each component was developed. Knowledge and skills development was a key objective in all four components and long term sustainable support from partner organisations was also a priority. Culturally appropriate ways in which to transfer health knowledge was also a key consideration when developing the health yarning component.

The literature highlighted the importance of adherence to the core values of the Indigenous research paradigm to ensure the success of the research and the intervention.

This was a key driver in using The Making Two Worlds Work Framework (MAC & WHGNE, 2008), which specifically uses an Aboriginal lens to guide health promotion initiatives, and in this context an ethnographic action research (EAR) approach also had merit (Tacchi, et al., 2003). In addition, there was benefit in using a naturalistic interpretative design (Thorne, et al., 2004), as it was a way of connecting events, actions and experiences of the participants, which Wilson (2008) suggests helps draw the Aboriginal participants and researchers together.

It is important to note, that Caroline was unable to find any published literature on urban community-owned Aboriginal health promotion initiatives in Western Australia. Therefore, it is anticipated that this project could be useful for informing the development of health promotion frameworks that could be transferred to other similar communities in Western Australia.

CHAPTER THREE

METHODOLOGY

The chapter opens with a discussion on the principles and concepts of the MTWW framework (MAC & WHGNE, 2008), which was used to guide the study. This chapter also includes one article under review (Appendix H) and a published book chapter (Appendix A). The article discusses the ethnographic processes undertaken in using an EAR approach (Tacchi, et al., 2003) for the study as well as detailing the participatory and action research protocols and principles essential to respectful and ethical Indigenous research. The book chapter discusses the EAR approach from a participant (consumer) perspective and highlights the importance of participation as a change agent. A further section is included in this chapter to provide more detail on the yorga participant sample and setting and the recruitment processes. In addition the data analysis processes are expanded upon. To conclude the chapter the evaluation of the BYHP is detailed in Table 4 (p. 89), and the limitations of the study, and the recommendations for further research are discussed.

The MTWW Framework

The Making Two Worlds Work [MTWW] framework (MAC & WHGNE, 2008) was selected as an appropriate tool as it was specifically designed to guide the development of Aboriginal health promotion initiatives. The MTWW is underpinned by the Aboriginal ethical principles of partnerships, participation and empowerment, social justice and equity, and the determinants of Aboriginal social and emotional wellbeing. It also emphasises four values and protocols essential to working in the Indigenous paradigm, which are Aboriginal self-determination principles, the acknowledgement of the land and spirit as a central connection to the Aboriginal holistic definition of health, the priority for localised decision-making and community ownership, and the recognition of historical, cultural and social context of the community (McClelland,

2011; Smith, 2005). The MTWW framework is hinged by 10 components that are not neatly compartmentalised, but rather they cross over one another to give the framework an 'Aboriginal lens'. The 10 components of the framework are:

Identifying guiding values and principles. This component identifies the core values of The Ottawa Charter (1986) that are intended to drive health promotion practice (WHO, 2009), and elaborates on the Aboriginal ethical principles, values and practices discussed above that are vital to working effectively with Aboriginal communities (MAC & WHGNE, 2008, pp. 3-5).

Identifying theoretical underpinnings and frameworks. Health promotion with an Aboriginal lens is underpinned by empowerment as its core foundation and should recognise and draw on the assets, capacities and strengths, of Aboriginal peoples (Tsey, et al., 2010). This ensures a holistic approach to project development, facilitation and research that encourages the use of a variety of cultural approaches instead of a single oppressive method. Further, it ensures the collaborative approach to working with the community, not on it (MAC & WHGNE, 2008, p. 6).

Analysing health promotion practice environments. The environment (social, political and economic structures and psychological and physical conditions) in which the health promotion initiative is to take place is an important factor for Aboriginal peoples. Further, an understanding of the relationship between the current health status of Aboriginal peoples and the past colonisation processes, including assimilation, segregation and protection policies, trauma, and grief, is essential (MAC & WHGNE, 2008, p. 7).

Evidence gathering and needs analysis. A principle of this component is to work collaboratively with the Aboriginal communities from the program inception to its completion. It requires that the community is supported to define and solve local issues

and allows time for the community to build knowledge from the grass roots perspective and not solely from a service provider perspective (MAC & WHGNE, 2008, p. 8).

Identifying settings and sectors for health promotion. A settings approach is appropriate for Aboriginal communities. A settings approach also refers to cultural awareness and cultural safety, which are important foundations for the attainment of cultural security. Cultural awareness is a basic understanding of relevant and local cultural issues. Cultural safety requires health care providers to work in collaboration with relevant individuals, and the Aboriginal communities. Cultural security is the direct linking of understanding to action and is also a commitment to the cultural rights, values and expectations of Aboriginal peoples (Coffin, 2007; MAC & WHGNE, 2008, pp. 9-10).

Determining and implementing health promotion strategies and approaches. To ensure that all health promotion strategies and approaches used in the Aboriginal paradigm are appropriate, and consider Aboriginal values and principles, the research team should reflect on the following and ask if the project is:

- community driven;
- developed in a supportive familiar environment;
- built on the success of existing programs, promoting partnerships, aimed at strengthening capacities of individuals and communities, giving consideration to cultural security; and
- engaged in participatory processes?

(MAC & WHGNE, 2008, pp. 11-12).

Evaluation design and delivery. Participatory action research methodologies are recommended as they align with the principles of empowerment, action, and flexibility that define effective Indigenous health promotion (Couzos, Lea, Murray & Culbong, 2005; Hearn & Wise, 2004). The evaluation must include the three critical

questions of where has the power changed hands, what is the evidence that supports this, and have community and personal autonomy been enhanced? (MAC & WHGNE, 2008, p. 13).

Partnerships, leadership and management. Aboriginal peoples are best placed to work consistently in partnership with relevant individuals and organisations on interventions that build community ownership and respond to the needs and motivations of the community with cultural understanding and sensitivity. Acknowledgement and respect for the 'quiet leadership' of Aboriginal community Elders and leaders and the ability to listen well is essential. Consider the concepts of transparency and reciprocity and advocate for the Aboriginal point of view to be heard (MAC & WHGNE, 2008, p. 14).

Workforce capacity building for the Aboriginal community and health sector. Health professionals and other non-community members need to build personal capacity to work effectively with Aboriginal communities aimed at developing trusting relationships to ensure continuous respectful open dialogue. A key component of health promotion work is the acknowledgement of existing capacities, strengths and assets of Aboriginal workers and community members and the aim to build community competency (MAC & WHGNE, 2008, pp. 15-16).

Infrastructure and resources for sustainability. It is very important for resources and capacities to be explicitly discussed, and roles and responsibilities to be clearly defined and agreed to. Resource availability needs to be adequate to successfully undertake the health promotion program being planned (MAC & WHGNE, 2008, p. 17).

From the BYHP and research perspectives the highlighted benefits for the use of the MTWW framework were twofold. First, it was used to guide the development of the structure and the procedures for the facilitation of the BYHP. Second, it guided the

research processes and strengthened them by assisting with the interpretation of relevant literature, linking the study to previous knowledge, identifying the benefits to the consumer group, developing of the interview questions, referencing the findings, and validating the significance of the research.

Health Promotion in an Australian Aboriginal Regional Community Women's Group: Ethnographic Action Research Using a Decolonising Methodology

The following is a modified version of the article under review:

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The initial review of the article has been conducted by the Action Research Journal and will be considered for publication pending amendments:

The associate editor who led the review of your manuscript was Dr. Karim Aly Kassam. We see potential for publication, and suggest some revisions to your manuscript. Therefore, I invite you to respond to the comments and revise your manuscript. Dr. Kassam stated: This manuscript is well written and addresses an important and highly relevant subject area in action research. The reviewers were carefully chosen with respect to their knowledge of participatory research processes with Indigenous communities as well as the geographical context of where this work was undertaken (e-mail communication, October, 3, 2015).

Introduction

Historical interactions between Indigenous peoples and European culture have a long history of oppression and it is well documented that Indigenous peoples are the most researched peoples of the world (Martin, 2008; Sandoval, 2000; Rigney, 1999; Smith, 2005; Wilson, 2008). Indigenous peoples developed a deep disdain for research,

and grew weary of acquisitive strangers and the loss of cultural and intellectual knowledge, and experienced no resulting improvement to the political and social conditions in which they lived, which was seen as an instrument of colonialism (Dudgeon, Kelly & Walker, 2010a; Martin, 2008; Smith, 2005; Wilson, 2008). In more recent times Indigenous scholars and researchers have pressed for the development of Indigenous research methods and have called for frameworks that consider social justice, empowerment, decolonisation and self-determination.

The defining of Indigenous research methodologies has generated differing paradigms and agendas. Smith (2005, pp. 115-116) defined an agenda for Indigenous research as a set of approaches “that are situated within the decolonisation politics of the Indigenous peoples’ movement”, with a goal of “social justice which is expressed across a wide range of psychological, social and cultural terrains”, and which involves the “processes of transformation, of decolonisation, of healing and of mobilisation as peoples”. Decolonising processes have been defined as enabling strategies for empowerment and self-determination, and in the main require the critical consciousness of the historical processes of oppression, domination and powerlessness and control, by taking the focus away from the aims of researchers and advocating for the agenda of the peoples (Beeman-Cadwallader, Quigley & Yazzie-Mintz, 2012; Hart, 2010, McClelland, 2011; Prior, 2006; Rigney, 1999, 1999a; Wilson, 2001, 2008; Zavala, 2013). Further, Indigenous research methods are recognised as being shaped by Indigenous peoples’ nature of being, traditional and cultural knowledge and their values and judgements (Bishop, 1998; Edwards & Sherwood, 2006; Kuokkanen, 2000; Lavallée, 2009; Simpson, 2001; Smith, 2005; Steinhauer, 2002; Weber-Pillwax, 2001).

As Indigenous peoples’ beliefs, practices, experiences and resistance to colonisation vary, Indigenous research cannot be reduced to just one theory, solution or methodology (Lee, 2009; McClelland, 2011; Moeke-Pickering, et al., 2006; Porsanger,

2004; Wilson, 2008). Therefore, there is an expressed need for emerging methodological approaches useful to Indigenous and Western researchers to undertake cross-cultural and cross-national research (Beeman-Cadwallader, et al., 2012; Clapham, 2011; Lincoln & González y González, 2008).

To this end this article provides an enactment of an ethnographic action research [EAR] method used to conduct the research of the Bindjareb Yorgas Health Program [BYHP], an Aboriginal community health promotion initiative conducted in a regional town of south west Western Australia. While guided by the scholarship of those who have critiqued traditional Western methodologies and those who have pioneered new frameworks for Indigenous methods, the BYHP research project developed its own particular style, values and methods derived from the uniqueness of the knowledge systems of the study participants and community group (Martin, 2003, 2008; Wilson, 2001, 2008). By referencing our EAR processes against the scholarly definitions of Indigenous research methods we hope to contribute to scholarly discussion on the considerations, processes and actions required to participate in decolonising Indigenous research. Further, we hope that the practices detailed in this article will be useful to both Indigenous and non-Indigenous researchers engaging in Indigenous research.

The term Indigenous in this article is used to refer to the first nation peoples from all parts of the world and the term Aboriginal refers specifically to the Aboriginal peoples of Australia and does not include the Torres Strait Islander peoples, who are included in the term Indigenous in this context. In this context, the term community refers to the Aboriginal group living in the research setting, who is linked together by relationships, support networks and kinships, culture and traditions, and shared interests and understandings (Hunt & Smith, 2006).

Research Setting Community Background

The BYHP was developed at the request of the Bindjareb women who are members of the Murray Districts Aboriginal Association (MDAA), following their positive reception of a 2011 seed project, 'The Deadly Koolinga Chefs' (DKC) program. The MDAA was first established in the 1970's, with its business and processes being conducted from a community building [Centre] situated on a 1.7 hectare property on Aboriginal reserve land. The property is on the outskirts of the main town of a Shire situated in the Peel region of south west WA. The Shire has a total area of 808 km² and an Indigenous population of 220 recorded from a population survey conducted in 2011 (ABS, 2013a).

Over the last twenty years with the mobility of Aboriginal families out of the region, membership waned and the MDAA became inactive and the Centre fell into disrepair and became derelict. In 2010, with a strong sense for community determination the newly elected MDAA committee had a vision for the improvement of the health (mental, physical, social, emotional and spiritual wellbeing) (Zubrick, et al., 2010) of their community's people. They began to seek assistance from government, non-government, and not-for-profit organisations to renovate the Centre, revegetate the surrounding land and to develop programs to engage and mobilise the community (Laverack, 2006). In 2011, Caroline Nilson (CN), a non-Indigenous woman, nurse, midwife, academic and researcher, with 36 years of clinical experience that also included working in Indigenous settings, collaboratively developed the DKC program with the MDAA women Elders and leaders and facilitated it on a voluntary basis.

CNs engagement with the community was grounded in her biography. Growing up in colonial Africa the seeds for learning about and wanting to assist vulnerable and marginalised people first emerged in her life. The DKC program, engaged a group of 11 and 12 year old Bindjareb children in a nutrition and cooking adventure, where they learned how to plan, shop for and prepare healthy meals. Classes were conducted twice

a month over the year and after each class the children took home their prepared meals, together with their new skills and knowledge, to share with their family.

The positive reception by the community of the DKC program resulted in a request by the MDAA women Elders and leaders, to CN, for a broader health promotion program to address the perceived health and wellbeing issues of the community's women and by association, their families. The implementation of health promotion programs and research initiatives with Indigenous communities is said to work best when it is invited, informed and led by the community (Baillie & Paradise, 2005; Ball & Janyst, 2008; Clapham, 2011; Jackson Pulver & Fitzpatrick, 2004).

The Bindjareb Yorgas Health Program

The BYHP project is a multifaceted holistic community owned and developed health promotion program, which comprises cooking and nutrition classes, group fitness classes, health yarning, art workshops and a community vegetable project, and aims to address the high prevalence of health issues experienced by Australian Indigenous women and their families (Australian Institute of Health and Welfare [AIHW], 2011; AIH, 2013; Vos, et al., 2009). The components were agreed upon by the women Elders and leaders of the MDAA as it specifically addressed the women's concerns regarding the need for a more culturally appropriate approach to health promotion in their community (Cochrane, et al., 2008). Identification of the components for inclusion into the BYHP by the women ensured that program was responsive to the community's concerns and highlighted the importance of identifying community strengths, and using them in a way that optimised the effects of the planned intervention and contributed to their self-determination (Baillie & Paradise, 2005; Ball & Janyst, 2008; Brough, et al., 2004; Denzin & Lincoln, 2005; Houston, 2006; Lavallée, 2009).

The indoor activities of the program were conducted in a community building called the Mother of all Sheds [MOASH] specifically designed for community

engagement projects. The MOASH was on the grounds of the local primary school and was familiar to community members, which enhanced their sense of 'safety' (Yunkaporta, 2009). A safe place is important to issues of control, cultural comfort and has an impact on learning. A community vegetable garden was established on the MDAA traditional land. In September 2014, beyond the research timeframe the BYHP relocated to the newly refurbished special purpose community run Centre.

The aims of the BYHP were to foster the development of personal knowledge and skills in achieving and maintaining wellness, and the strengthening of community actions towards improving health by facilitating improved individual and group health literacy. The structure and delivery of each component of the BYHP is discussed elsewhere (Nilson, Kearing-Salmon, Morrison & Fetherston, 2015; ^aNilson, Kearing, Fetherston & Morrison, Under Review [UR]; ^bNilson, Kearing, Morrison & Fetherston, UR; ^dNilson, Kearing, Fetherston & Morrison, UR).

Background to the Research Project's Development

A community reference group [CRG], made up of four well respected community women Elders and leaders was formed to develop the BYHP. CN worked in collaboration with the CRG and introduced them to the Making Two Worlds Work [MTWW] framework (MAC & WHGNE, 2008), which was a tool specifically designed to guide the development of Aboriginal health promotion initiatives, and was developed by an Aboriginal Corporation in Victoria, another state in Australia. The MTWW framework is underpinned by the Aboriginal ethical principles of partnerships, participation and empowerment, social justice and equity, and the determinants of Aboriginal social and emotional wellbeing (MAC & WHGNE, 2008; McClelland, 2011; Smith, 2005). The MTWW framework is hinged by 10 components that are not neatly compartmentalised, but rather they cross over one another to give an 'Aboriginal lens'.

In working through the 10 components of the MTWW framework to develop the BYHP, members of the CRG expressed the need to share their work. The decision to research the BYHP was decided by the CRG in collaboration with CN. They considered that the program was “solid” and that “other mobs need to know how to get healthy” (woman Elder, personal communication, January 20, 2012). In relation to decolonising processes, Smith (2005) suggests that the sharing of resources and strategies of success with other communities recreates the old traditional ways of collaboration and reconnects traditional relationships to protect and support one another.

Community and Institutional Approvals

Approval of such a research project requires consent of all the Elders within the extended kinship and skin colour groups too. This is important as it recognises the various responsibilities and obligations they have to the network and it confirms and reinforces their position and membership within the group (Dudgeon & Ugle, 2010). An initial meeting was convened with other women Elders from the neighbouring towns in the region. A lunch was provided as a reciprocal gesture for their time and knowledge sharing (Lavallée, 2009). Although one Elder raised concerns about the research intent, which resulted from an unfortunate past personal experience with research, the concepts of the BYHP and the protocols that had been developed to guide the processes were well received and approval was granted. A letter, signed by the chairperson of the MDAA confirmed this approval (Appendix L) and was submitted with the human research ethics applications to Murdoch Human Research Ethics Committee (Appendix M) and Western Australian Aboriginal Health Ethics Committee (Appendix N), and approval from both committees was granted. During continued discussions between the CRG and CN on achieving the aims and objectives of the BYHP and the research initiative, it was decided that a pilot project would be valuable to evaluate both. An ethics amendment application was approved by Murdoch Human Research Ethics

Committee (Appendix O). The pilot project was conducted from September 2012 to December 2012, and the main research project ran from February 2013 to September 2013.

As the initiative met the criteria of a study “that prospectively assigns participants to a health related intervention to evaluate the effects on health outcomes” (International Committee of Medical Journal Editors, 2009), this study was registered with the Australian & New Zealand Clinical Trials Registry and assigned the number of ACTRN12612000292875. Ensuring that there was a sufficient budget to support the BYHP, which is considered an important implication to ethical and respectful Indigenous research (Jamieson et al., 2012; MAC & WHGNE, 2008), funding from two community health promotion grants, the Australian Government through the Swap-It-Don't-Stop-It campaign (Appendix P, 1); and the Australian Government through the Ngulluk Koolbaang community grant program (Grant number G05984) (Appendix P, 2) was secured during the research timeframe.

Establishing the EAR research team

There were extensive discussions with the women Elders and leaders and the CRG about who would be involved and how the research of the BYHP would be managed and conducted. As CN was well known to the community and had the professional qualifications appropriate to the initiative, she applied for and received a full-time research scholarship for a PhD candidacy (Appendix Q), and Paul Morrison [PM] and Catherine Fetherston [CF]; two health professional academics and researchers experienced in the ethical processes of Indigenous research were secured as supervisors. A Bindjareb woman leader, MDAA chairperson and fourth author, Karrie-Anne Kearing-Salmon [K-AK-S], was engaged as the community liaison person and research assistant [RA], and a further two community selected Bindjareb women, Gloria Kearing [GK] and Sharree Kearing [SK] were appointed to co-coordinate and co-facilitate the

four components of the BYHP with CN. GK, a woman Elder was selected to mentor CN. Inclusion of the community members to the research team went beyond token inclusion and is considered a principal action for Indigenous research (Ball & Janyst, 2008; Hart, 2010; Lassiter, 2000, 2001). EAR enables active involvement and participation of community members to set their own research agenda and ensures that research methods are protective to the rights of those involved (Tacchi, et al., 2003; Tacchi et al., 2007).

Aboriginal researcher roles

The role of the RA was also carefully considered. Cadet-James (2009) warns of the added burden the role places on the community member and requires support and skills to fulfil the role. The position was not intended to be burdensome with responsibilities so that the RA felt “caught between the two cultures” (Pyett, 2002, p. 61). It was decided by the CRG that her role would be one of dual responsibility. As an ‘advocate’, K-AK-S would protect the participants and the community and as a ‘sponsor’, K-AK-S would advise CN, PM, and CF on cultural protocols and provide cultural interpretation and advise the community about the research (Cadet-James, 2009; Pyett, 2002). K-AK-S was also supported by the GK and SK to assist with negotiating the complexities of community politics (Cadet-James, 2009).

K-AK-S, GK and SK also needed support to familiarise them with the stages and processes in the research journey (MAC & WHGNE, 2008). Four policy and protocol documents were identified as tools for the process (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], 2012; National Health and Medical Research Council [NHMRC], 2003, 2005, 2010), and the training was ‘on-the-job’ training and during informal meetings with CN. The development of research capacity within the community transformed the activities of the research initiative (Smith, 2005). As the community members of the research team understood the

processes of the research they participated with a heightened intent. The priorities for the BYHP and the research outcomes ranked differently and community issues were defined differently. The Aboriginal research team members had a sense of commitment to their community, linked to accountability and reciprocity and thus, 'the collective' is a key characteristic of Indigenous decolonising methodology (Cargo, et al., 2008; Hart, 2010; Jackson Pulver & Fitzpatrick, 2004).

As an example, the Aboriginal research team members were able to identify the challenges of research timeframes and deadlines. The complexities of providing the participants and the community with information and the challenges of timely feedback were raised and negotiated. Decolonising methodologies take into account the protocols and processes required for the dissemination and feedback of information in Indigenous community research, which takes time, understanding, and patience (Dudgeon, Wright & Coffin, 2010b). It was decided that regular provision of program information back to the community would assist with these processes and six newsletters (Appendix U) were mailed out to participants, over the research timeframe, with additional copies provided for them to hand out to others (Willis, Pearce & Jenkins, 2005).

Methods

Methodological Orientation

Understanding that the research needed to promote a decolonising agenda and needed to advocate for a research relationship that engaged the community and participants (Cargo, et al., 2008; Denzin & Lincoln, 2005; Denzin, Lincoln & Smith, 2008; Henry, et al., 2002; Jacklin & Kinoshameg, 2008; Lavallée, 2009; Prior, 2006), and consider the long term immersive roles (researcher and program facilitator) of CN (Denzin & Lincoln, 2005; Spradley, 1980; Whitehead, 2005), EAR approach was identified as suitable and acted as a means of understanding the community's needs as the program was developed within the context of the community's beliefs, values and

aspirations (Nilson, Morrison & Fetherston, 2016). EAR combines the methodologies of ethnography, participatory techniques and action research (Tacchi, et al., 2003; Tacchi, et al., 2007).

Ethnography with an Aboriginal lens

The ethnography component in this context is defined as collaborative ethnography (Lassiter, 2005; Rappaport, 2008; Sherwood, 2010), because CN was mentored through all the processes of the research journey by GK, which also aligns with the Indigenous paradigm where learning is reciprocal and learning takes place in collaboration (Dudgeon, et al., 2010a; Sherwood, 2010). Decolonising collaborative ethnography is reliant on the development of mutual trust, an authentic relationship built on friendship, and relatedness (Dudgeon, et al., 2010a, 2010b; Martin, 2008; Martin, 2012), and if these characteristics are not developed and nurtured the culturally blind researcher will be oblivious to the irrelevance of the research outcomes (Dudgeon, et al., 2010b).

Two way trust and a 'two-eyed seeing' (Martin, 2012) was an important factor for the processes of collaborative ethnography and the mentorship relationship and CN understood that GK was accountable to the community for CNs behaviours, and this was a powerful driver for CN to practice within the appropriate boundaries for outsiders (Dudgeon, et al., 2010a; Martin, 2008). By using a two-eyed seeing framework, CN and GK spent many hours being with each other and talking together to understand the differing worldviews to ensure that one worldview did not undermine or dominate the contributions of the other (Kelly, 2006; Martin, 2012).

Prior to the research period, strong friendships developed between the Bindjareb women and CN that weakened barriers and power imbalances (Dudgeon, et al., 2010a, 2010b; Swartz, 2011). By sharing her life stories, experiences, values and beliefs openly with the Bindjareb women, CN located herself within the research (Burchill, et al.,

2011; Kelly, 2006; Lavallée, 2009; Lincoln & González y González, 2008; Morrison & Stomski, 2015; Weber-Pillwax, 2004). This gave rise to authentic reciprocal friendships; particularly between CN and GK, who both developed a dual awareness of each other's situation and position and they became interpersonal, social and political allies, seeking social justice and growth for each other (Tillmann-Healy, 2003).

Decolonising relationships are built on honest exchange and define the existence of trust and respect (Bassendowski, Petrucka, Smadu, Redman & Bourassa, 2006; Dudgeon, et al., 2010b; Flicker & Worthington, 2012; Lavallée, 2009; Swartz, 2011; Weber-Pillwax, 2001, 2004).

In the Indigenous context, friendship embodies characteristics of honesty, transparency, commitment, respect, safety, mutuality, acceptance and understanding (Bull, 2010; Rawlins, 2000; Steinhauer, 2002; Tillmann-Healy, 2003), and the direct regulation of outsiders in the Indigenous paradigm monitors such characteristics to assess the ability of the outsider to "engage in and sustain relatedness" (Martin, 2008, p. 117). Martin (2008) suggests that relatedness "is a set of conditions, processes and practices . . . that are physical, spiritual, political, geographical, intellectual, emotional, social, historical, sensory, instinctive and intuitive"(p. 69).

By employing the characteristics embodied in friendship, and guided by Indigenous "natural laws" (Makokis, 2001, pp. 96-97) and the "ethics of truth" (Denzin, et al., 2008, p. 3), which both demonstrate love, kindness, sharing, passion and compassion, and strength and determination, CN, was able to work within her own reality, understanding, and experience to engage in relatedness with her mentor, the participants and other community members. She was able to "come along side" (to be an ally) and to "talk the true word" (with honesty) and to "walk one way together" (cooperation and commitment) and to "show respect" (listening, understanding and learning) (Martin, 2008, pp. 121-122), and to commit to lasting genuine relationships

intended to last long beyond the term of the research (Dudgeon, et al., 2010a; Lavallée, 2009; Swartz, 2011).

Participation and action with an Aboriginal lens

EAR engenders change not just through research outcomes but through the research process itself, by integrating a continuous cycle of collaborative planning and doing. The participatory techniques drew the participants and community into the action processes of the BYHP and the research. Changes were suggested and made to the BYHP following the pilot project and the inclusion of a vegetable garden into the program was one such change. By reviewing the BYHP through the process in the research cycle and using the data the participants responded to the new understandings of their context (Baum, MacDougall & Smith, 2006; Cargo, et al., 2008; Couzos, et al., 2005; Esler, 2008; Kelly, 2006; Martin, et al., 2012). The working principles of EAR advocated that the practices of the BYHP and the research processes were central to the local community knowledge, ecological and social systems (Jackson Pulver & Fitzpatrick, 2004; Morrison & Stomski, 2015; Tacchi, et al., 2003; Tacchi, et al., 2007).

A key principle to EAR is responding to opportunity that arises from and through these working principles (Tacchi, et al., 2003; Tacchi, et al., 2007). There was identification of low skill sets in a few important areas crucial to continued community management of the BYHP (Cochrane, et al., 2008; Sillitoe, 1998; Tacchi, et al., 2003; Tacchi, et al., 2007). As a result two partner organisations to assist with upskilling community members in these areas were engaged. CN collaborated with Greening Australia (Western Australia) to provide training and ongoing mentorship to maintain the vegetable gardens. In addition, two week long workshops were organised for the MDAA committee, supported by Indigenous Community Volunteers, to conduct governance training (Appendix V and Group Photographs 3, p. 61).

Sustainability and community determination was a proposed outcome of the BYHP, and the effects of the action cycle are continuing. Three community members have since enrolled in formal training courses in nutrition and dietetics and horticulture and garden management, with the aim of contributing to program and seeking employment opportunities externally (Appendix X).

Research aims and objectives

It was agreed that all research processes would be respectful, reciprocal and beneficial to all parties and that protocols would be established with open and transparent agreements (AIATSIS, 2012; Government of Canada, Panel of Research Ethics [GoC PoRE], 2013; Health Research Council of New Zealand [HRCNZ], 2010; NHMRC, 2003, 2005, 2007, 2010), and that regular meetings would be convened to allow for review and feedback (Couzos, et al., 2005; Duffy, et al., 2013; Gorman and Toombs, 2009). One of the first tasks in establishing the research aims was to outline the benefits of the research to the researchers, participants and the participant's community (Ball & Janyst, 2008; Duffy et al., 2013; Lavallée, 2009) and these are presented in Table 2. As the research questions aligned with the aims of the research and the benefits to the participants and the participant community (Morrison & Stomski, 2015; Prior, 2007; Smith, 2005), they were established in parallel. The emphasis of the questions was directed to seeking solutions to issues that the women prioritised and that related to their community and cultural ways (Denzin, et al., 2008; Martin, 2003; Prior, 2006).

It was agreed that as and when new knowledge was revealed through the research processes, the research members and participants would be acknowledged and accommodated (Cochrane, et al., 2008). Thus, all conference presentations and article development for publication included the full participation of K-AK-S and or GK and SK (Cochrane, et al., 2008; Castleden, Sloan Morgan & Neimanis, 2010; Giles &

Castleden, 2008; Martin, 2003). References to other publications, distinctive from this topic, are included in the article and in total the research team attended seven national and international conferences during the research timeframe.

Cultural Security

Recruitment of the participants was facilitated by the Elders and leaders of the MDAA. This was a protocol that acknowledged the Elders as being the custodians of the local Kaartdijin (knowledge). The community Elders and leaders have knowledge of family connections and kinships (Hart, 2010; Lavallée, 2009; Rae, et al., 2013; Sherwood, 2010; Weber-Pilwax, 2004), and introductions are more effective when made by a mutually known individual, who can vouch for the researchers (Jalla & Hayden, 2014). Further, the protocols for who is approached, and the ways of yarning about new issues that affect and involve the community is crucial (Lavallée, 2009; NHMRC, 2003; Rae, et al., 2013; Wong, Wu, Boswell, Housden & Lavoie, 2013). Elder and leader participation in all of the EAR processes is pivotal to avoid coercion and exploitation of vulnerable individuals and to increase validity and reliability (Sherwood, 2010; Smith, 2008).

Safety of personal, intellectual and cultural property is of a sensitive nature to Aboriginal culture and kinships (Gorman & Toombs, 2009; NHMRC, 2007; Poff, 2006) and to minimise any issues pertaining to intellectual property, discussions with the Elders and leaders took place regarding the storage of data (Couzos, et al., 2005; Poff, 2006). Destruction of certain photographs and audio recordings following the analysis phase was also discussed. Further, consideration was also given to placing individual participants in jeopardy in their own community, due to disclosure of sensitive information and it was decided that only CN, K-AK-S, GK and SK, would have access to participant's details and data (Henderson, Simmons, Bourke & Muir, 2002; Poff, 2006).

Table 2 Aims of the EAR research, benefits of the EAR research to the researcher, the participants, and the participant community, and the research questions aligned with the benefits

Research Aims		
Explore perceived changes in individual and community health and health behaviours related to the implementation of the BYHP;		
Investigate the effectiveness of the BYHP on community empowerment and self-determination; and		
Examine the sustainability of the BYHP in consideration to community commitment through community empowerment and self-determination.		
Benefactors	Benefit	Research Question
Research Participants	<p>Access to the four components of the BYHP with the potential to:</p> <p>Develop and apply knowledge and skills on the importance of maintaining regular exercise and develop an increase in cardiovascular fitness, core strength and flexibility.</p> <p>Develop and apply knowledge and skills in nutrition, healthy meal planning on a budget, safe food handling, preparation and storage and interpreting food labels when shopping.</p> <p>Gain knowledge in a wide range of health topics during the nutrition and yarning sessions aimed at developing health literacy and maintaining health and wellbeing.</p> <p>Participate in a range of gardening activities aimed at developing knowledge and skills to ensure an abundance of healthy produce for use in the cooking classes and for participant and community use.</p> <p>Participate in conferences and writing and review of articles for publication. Ownership of the data, intellectual property.</p>	<p>In what ways does a community designed health promotion program:</p> <p>Facilitate healthy lifestyle change in the Bindjareb women and their families?</p> <p>Meet the needs of the Bindjareb women and provide a supportive environment for the women to engage in health promotion activities?</p>
Research Community	<p>Building participant skills will have a flow on effect to members of their families and eventually the community as a whole.</p> <p>Developing health literacy in nutrition, improved physical activity and by aiming for a reduction in harmful risk behaviours the community can then begin to tackle the high prevalence of chronic disease, obesity and addiction using preventative steps and solutions they themselves have engineered.</p> <p>Providing informal training of people whose skills and interest will be retained to create a broader base of advocacy and empowerment.</p> <p>Community control (leading to increased potential for sustainability as a result of the value placed on the BYHP).</p>	<p>In what ways does a community designed health promotion program:</p> <p>Encourage community ownership of ongoing change in healthy lifestyle habits?</p> <p>Influence community action to lead to sustainability of the program?</p>
Researchers	<p>Knowledge development of Aboriginal cultural and continued development of cultural competence.</p> <p>Knowledge development and skills development of Indigenous research processes.</p> <p>PhD qualification</p> <p>Research output: conference presentations and publications</p>	

Participants

Participants of the BYHP were not obliged to take part in the study. Participants to the BYHP could join at any time as could those to the study. Participants of the BYHP could attend one, some, or all of the components of the program. In total there were 17 Aboriginal women aged between 18 and 60 years who signed up for the BYHP and all 17 consented to participate in the study. Over the course of the research timeframe there were an additional five women, recruited to the BYHP, but they did not consent to participate in the study.

While the BYHP was intended for the women of the community it accommodated the attendance of children and family members to all components of the program. This is essential to the holistic approach appropriate in the provision of Indigenous health promotion (Benoita, Carroll & Chaudhry, 2003; Burchill, et al., 2011), however only the study participants of the BYHP attended the yarning (group and individual) sessions.

Data Collection

Within the context of the MTWW framework participant observation, direct observation, photography, yarning groups, individual yarning (interviews), and a narrative art project formed the mechanisms of the data collection. CNs personal diary notes [PDN] also contributed to the triangulation of the data. CN audio-recorded her PDNs on the 30 minute car drive to and from the research setting, 3 – 4 times per week over the 24 month period.

Yarning Protocols

Yarning is supported by Indigenous scholars as a justified research method (Bessarab & Ng'andu, 2010; Fredericks, et al., 2011; Kovach, 2010; Poff, 2006; Moreton-Robinson, 2000; Smith, 2005) for group discussion and individual interviews, because it invoked distinctive storytelling characteristics of the participants and the

community in question (Terszack, 2008). The yarning groups were facilitated by K-AK-S and CN and the individual yarning sessions by CN only. Before each session, as part of the social yarning discussed below, all the ethical implications of the research were discussed and consent to audio record each session was obtained. Aboriginal participants require repeated exposure to this information and time to think and discuss issues before making an informed consent (Russell, et al., 2005).

There were four yarning group sessions conducted during the last weeks of the school terms throughout the research timeframe immediately after the cooking classes in the MOASH. They were conducted over the lunch time period and refreshments were provided (Lavallée, 2009). There were a total of six individual yarning sessions conducted within a month of the research completion. Consideration of who was to be approached was discussed with K-AK-S, GK, and SK, and selections were based on the BYHP attendance. The participants were contacted by K-AK-S to obtain consent and a date, time and suitable venue was arranged. Each participant received a voucher valued at AUD\$45 for their time and effort. Reimbursement of costs is a key principle to respectful Indigenous research. The appropriate rate must not be so low that it de-values the time and effort of participation and is construed as disrespectful of the participants' knowledge and it is not too high that the level will unduly influence a participant to take part (Aboriginal Health and Medical Research Council of New South Wales [AH & MRC], 2009).

The yarning sessions (group and individual), utilised the processes of four types of yarning identified by Bessarab and Ng'andu (2010) as their strength was in the cultural security that they created (Nilson, et al., UR). This was of particular importance in the individual yarning where each participant came together with CN "to create a context of conversational intimacy" where they felt comfortable with telling their story (Corbin & Morse, 2003, p. 338). The sessions began with social yarning as

an introduction and to establish connections and then moved back and forth between research topic yarning and collaborative yarning and when necessary into therapeutic yarning where stories of a personal, sensitive or emotional nature were given voice, time and respect. During research topic yarning which took place in a semi-structured format using open-ended questions to guide the conversations (Appendix T), participants' stories related to the research topics. The participants were encouraged to recount their story as they 'saw it' and 'felt it' and where appropriate, CN would respond by asking for clarification (Corbin & Morse, 2003). During collaborative yarning the group (or pair) were actively engaged in sharing information and exploring new concepts. During collaborative yarning, CN would contribute to the discussions and offer health education and professional advice (health yarning) when necessary, because exchange of expertise or resources reaffirms relationships (Dudgeon, et al., 2010b; Rawlins, 2000).

Art Narrative

A narrative art project was used as a method of data collection and as a health promotion objective and while reported elsewhere (Nilson, Kearing, Fetherston & Morrison, 2015a), an overview of the art project is provided here to establish context for the reader. The art project enabled the use of art narratives as a means of encouraging the participants to use art as a 'voice' to communicate their personal experiences and involvement in the BYHP. Art, symbols, and icons have an essential role in the mechanisms for culturally appropriate communication in Aboriginal culture (Davis, et al., 2001; Davis, et al., 2004). By means of a public exhibition, the art produced by the participants assisted in dissemination of the findings to the wider community.

Fieldwork

Within the processes of ethnography, participant observation and direct observation were collaborative mechanisms of open discussion, questioning, listening,

and clarification that brought CN, K-AK-S, GK and SK, and the participants together in the processes of fieldwork (Denzin & Lincoln, 2005; Lassiter, 2000, 2001). CN always had a long list of questions derived from reflection and reflexivity and from her PDNs, and using these collaborative methods ensured that mutual understanding of information was achieved (Martin, 2012).

Data Analysis

Initial familiarisation of the data was performed by CN and was achieved in the software program Artichoke™ (Fetherston, 2013). In the Indigenous participatory paradigm thematic analysis is useful and collaborating with K-AK-S, GK, and SK in the analysis and having them as 'partners in theorising' (Louis, 2007), allowed for consistency in the analysis process, and provided for multiple perspectives (social and psychological) (Braun & Clarke, 2006; Minkler, 2005). This collaboration also ensured that concepts and themes derived from the data were culturally interpreted rather than just described (Louis, 2007; Minkler, 2005), and that the coding process was inclusive and comprehensive (Braun & Clarke, 2006). Lassiter (2001, p. 139) refers to these processes as the ability to work 'alongside' community members as processes develop and "using the developing text as the centrepiece of evolving ongoing conversation", "not just sitting down to verify quotes". Further, these processes reaffirmed the research to be community controlled (Prior, 2007), and K-AK-S, GK and SK were able to check the study results with the participants and feedback any required alterations and amendments, which is advocated for as a code of ethics (Couzos, et al., 2005; Dudgeon, et al., 2010a).

Research Method Evaluation

As part of the evaluation of the pilot project and the main research project, the research team applied the EAR processes to the ten components of the MTWW framework (Box 1). As the MTWW framework is underpinned by the Aboriginal

ethical principles of partnerships, participation and empowerment, it was considered an appropriate tool and the mapping is detailed in Table 3.

¹**Box 1 Concepts and checklist criterion of the MTWW framework**

1. Identifying guiding values and principles

Have I/we considered the key components of the Ottawa Charter in my program?

Have I/we considered values specifically identified for Aboriginal health promotion in guiding my program design?

2. Identifying theoretical underpinnings and frameworks

Have I/we decided on an appropriate framework to guide my program?

Does the chosen framework recognise and draw on the strengths, assets and capacities of Aboriginal people?

3. Analysing health promotion practice environments

Have I/we considered how the practice environment might affect my proposed program?

Have I/we considered the social, political, and economic structures and psychological and physical conditions for the Aboriginal community I'm/we're working with?

4. Evidence gathering and needs analysis

Have I/we undertaken a needs analysis in relation to my proposed program?

Have I/we worked in partnership with the Aboriginal community on the needs analysis in a way that is respectful to and inclusive of the opinions and needs of all?

5. Identifying settings and sectors for health promotion

Have I/we considered the appropriate settings in which my program could be most effective?

Have I/we considered Aboriginal people's cultural security when selecting the setting/s in which the program could occur?

6. Determining and implementing health promotion strategies and approaches

Have I/we considered a multi-strategic approach in my program?

Does my/our approach acknowledge, affirm, and reflect the values of Aboriginal culture?

7. Evaluation design and delivery

Does the evaluation consider Aboriginal people's personal beliefs, values, and perceptions?

Will the evaluation be developed in partnership and culturally appropriate and sensitive to the Aboriginal community I'm/we're working with?

8. Partnerships, leadership and management

Have I/we established or am I/we working on establishing different collaborations and partnership approaches?

Are my/our partnerships with the Aboriginal community built on increasing community ownership and responding to the needs and motivations of the community?

9. Workforce capacity building for the Aboriginal community and generalist (non-Aboriginal) health and community sector

Have I/we considered the need to build my own capacity and/or those of my staff in working with the Aboriginal health and community sector and sought out training if required?

Have I/we discussed building community competency as part of the project?

10. Infrastructure and resources for sustainability

Do I/we have the appropriate amount of resources to undertake my program sustainably?

Have I/we discussed resourcing and sustainability issues with the Aboriginal community, service or organisation I/we am/are working with?

The MTWW framework checklist and a possible total score for the 20 questions = 20.

Scoring system for each question:

Criteria met = 1 point, Criteria not met = 0 points. Score ratings: 0-10 = Learning to apply an Aboriginal lens in the approach to health promotion. 11-15 = Making progress and are showing inclusivity and respect for Aboriginal communities, services and organisations. 16-20 = Approach to health promotion with Aboriginal communities, services and organisations is exemplary.

¹ Adapted from Mungabareena Aboriginal Corporation and Women's Health Goulburn North East (MAC & WHGNE). (2008). *Making two worlds work. Health promotion framework with an 'Aboriginal lens'* (pp. 19-20). Retrieved from http://www.whealth.com.au/mtww/documents/MTWW_Health-Promotion-Framework.pdf

Table 3 The EAR processes evaluated using the MTWW framework checklist.

MTWW Framework Components	The application of the EAR processes used within the BYHP against the components of the MTWW framework to demonstrate decolonising processes
1.	An EAR approach was identified as suitable to research the BYHP as it aligns with an Indigenous research framework that considers social justice, empowerment, decolonisation and self-determination.
2.	The EAR approach to the BYHP research initiative enabled active involvement and participation of community members to set their own research agenda and ensured that the research methods were protective to the rights of the people. The EAR approach was underpinned by the empowerment theory and identified community control of the BYHP research initiative a democratic and ethical right.
3.	The environment in the Indigenous paradigm relates to the people; social, political, and economic systems and structures; and psychological and physical conditions. The research processes were community-led which ensured that all the components of research considered the historical, social, and cultural context of the community, which also aligned with point 1.
4.	Understanding the Indigenous holistic views of health which considers the environment (point 3), and acknowledging the 3C's framework (community driven, community developed and community implemented), the research aims and objectives, the benefits of the research to the participants, community and researchers, and the research questions were identified in collaboration with the CRG. The CRG was consulted through all of the processes of the research.
5.	The EAR approach considered the community defined cultural boundaries to ensure cultural safety. K-AK-S, a women leader was appointed as the RA. She had a dual responsibility as an advocate for the participants and a sponsor for the researcher. GK, a women Elder who carries the Nyungar Kaartdijin mentored the CN in the Nyungar ways of being doing and knowing.
6.	The EAR approach aligns with the principles of empowerment, action, and flexibility, and these elements also define effective Indigenous health promotion and community strength based principles. Adherence to these principles was maintained and monitored by the development of a CRG, the appointment of the RA and the mentorship of the researcher by a woman Elder. The pilot project ensured that culturally appropriate health promotion principles were applied to the BYHP and that research processes were modified as necessary.
7.	Two major factors in the Indigenous research paradigm were upheld: the community held the power; and community and individual autonomy was enhanced. A pilot project was conducted to evaluate the BYHP structure and the suitability of the research design. Changes were approved by the CRG.
8.	CN was well known to the community and she had a strong relationship built on trust, respect and reciprocity, with the women Elders and leaders and the community. Research roles taken on by community members enhanced their leadership skills and management. Partner not-for-profit organisations were engaged in upskilling community members to improve opportunity and sustainability.
9.	The aims and objectives of the research project were defined by the community reference group (Table 2, p. 53). Through participatory engagement community members developed research skills and knowledge (research planning, implementation, data protection, analysis, dissemination). Community members engaged in co-authorship of articles and national and international conference presentations. This aligns with the principles of Indigenous intellectual property. CN developed knowledge and skills in the importance of relatedness in the Indigenous paradigm, which is an essential element of cultural awareness and cultural safety.
10.	As an outcome of the pilot project governance training workshops were conducted for the members of the MDAA. The workshops focused on developing an infrastructure development plan to ensure sustainability of the BYHP and to mobilise community engagement and self-determination.

Conclusion

The method used for this study differed from traditional Western methods in that it was conducted using an Aboriginal lens, which incorporated an Indigenous led approach and embraced participation, consultation and collaboration, and Elder mentoring in a practical, authentic manner. The success of using an EAR methodology with an Aboriginal lens is dependent on the researchers, whether Indigenous or non-Indigenous and their ability to engage in relatedness and connectedness and to situate themselves in the research (McClelland, 2011; Martin, 2008; Moreton-Robinson, 2000; Weber-Pillwax, 2004). To enact a decolonising methodology a study must benefit the community in which the research is conducted (Beeman-Cadwallader, et al., 2012; Weber-Pillwax, 2004). The EAR methods used in decolonising research are not a specific list of criterion, but rather an awareness, mindfulness, and intent utilised when practising the methods (Beeman-Cadwallader, et al., 2012; Smith, 2005). It is the authors' hope that sharing the processes and practices implemented in the EAR approach used in this research; will contribute to ongoing discussions to strengthen Indigenous research knowledge and practices.



Group Photographs 3 Photographs taken of the Governance Training Workshops

Action Research: Fostering Consumer Participation in Indigenous Health Promotion.

The following is a modified version of a published book chapter:

Nilson, C., Morrison, P., & Fetherston, C. (2016). Action Research: fostering consumer participation in Indigenous health promotion. In: P. Hackett (Ed.), *Consumer ethnography: qualitative and cultural approaches to consumer research*. London: Routledge. ISBN: 978-1-138-02349-9 (hbk), ISBN: 978-1-315-77637-8 (ebk).

(Appendix A).

In our complex society, the need for understanding how other people see their experience has never been greater. Ethnography is a tool with great promise...it offers health professionals the opportunity of seeing health and disease through the eyes of patients from a myriad of different backgrounds (Spradley, 1979, piv).

Introduction

One of the most challenging aspects of any qualitative research study is building successful relationships between participants and researchers. This challenge is made more difficult when those participants and researchers belong to discrete cultural groups that do not necessarily share the same individual or worldviews. This is the case for instance when health authorities seek to promote their version of health and wellbeing amongst Indigenous Australians. Overcoming barriers associated with such a potential variance in cultural beliefs and values can be approached using ethnographic action research [EAR]. This approach combines the methodologies of ethnography, participatory techniques and action research (Tacchi, et al., 2003), where the EAR becomes an integral part of a project that is relevant to a particular community. EAR then acts as a means of understanding the community's needs as the project is developed and evaluated within the context of that community's beliefs, values and aspirations.

Working with Consumer Needs in Ethnographic Action Research

This form of research requires a number of different considerations, foremost of which is that the researcher is both participant and observer and that data collection and application of findings are undertaken in collaboration with the community, which is also the consumer. This chapter presents an exemplar for the conduct of such research in the form of the Bindjareb Yorgas Health Program [BYHP]. This program aimed to work with a small Aboriginal community in regional Western Australia to encourage participation in all facets of a health promotion program designed to improve their individual and collective health and wellbeing.

A major issue in some areas of the Australian community is the lack of engagement with available health and support services, as is evidenced in the gap in health outcomes between Aboriginal and Torres Strait Islander [Indigenous] and non-Indigenous Australians (AIH, 2013; AIH, 2014). This lack of engagement was recognised by a number of Indigenous women from the Bindjareb community, who sought assistance from the researchers to find alternative ways of addressing the health problems being experienced by their community. The choice of EAR as a methodological approach was guided by the need to better understand the community's needs from *their* perspective and their desire to have us as the researchers work *with* them to improve their health and wellbeing.

Adoption of ERA for use in addressing an Indigenous community's needs requires a deep understanding of their specific cultural perspectives as a consumer of that research. Using a consumer ethnographic cultural perspective as a framework within the Aboriginal research paradigm reduces the 'need to ask' and the 'limitations imposed by asking'. This was achieved in the BYHP by situating the ERA within the MTWW framework, which is designed to support the development of health promotion programs that are responsive and respectful to Aboriginal communities (MAC &

WHGNE, 2008). The framework's core principles are grounded in partnership, participation, determination and empowerment of the community's people. Importantly, it challenges outsiders working with Aboriginal communities, to take into account the whole-of-life approach to Aboriginal health and wellbeing and to recognise the historical and social context of the community. By using an Aboriginal lens, outsiders are approaching health promotion projects from a position of wanting to better understand the Indigenous consumer's experience of health and wellbeing.

Seeing Through the Eyes of the Indigenous Health Research Consumer

In pre-colonial Australia, the Aboriginal sense of self was closely connected to all aspects of community, spirituality, land and culture in a collective sense. The culture of kinship defined roles, rules and relationships. Aboriginal people were also connected to the land, which they describe as 'country', and this connection provided a sense of place, meaning and understanding of life. Spiritual beliefs linked generations providing a sense of ancestral connectivity and belonging. Lore was the body of knowledge that was highly valued and defined the culture. The well-respected tribal Elders contained and interpreted the lore and customary law defined codes, rules, and consequences. The traditional languages, ceremonies, celebrations, rituals and other modes of communication expressed the social interactions of life's continuum. Men and women had defined economic, social and cultural roles. Children were well protected within groups by extended family members. These societal concepts provided for optimal conditions for social and emotional wellbeing (Parker, 2010). However with increasing contact with Europeans from the early 1800s onwards, Aboriginal people experienced radical and ruthless changes to what had been their traditional lives for more than 5000 years.

European contact brought with it dislocation of the Aboriginal people from their land and culture, removal from family, family fragmentation, social disadvantage,

racism and discrimination (Zubrick, et al., 2010). Such experiences have had profound effects on health and social and emotional wellbeing, for individuals, families and communities. Swan and Raphael (1995) comment:

The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. This holistic concept does not just refer to the whole body but is in fact steeped in harmonised inter relations which constitute cultural wellbeing. These inter relating factors can be categorised largely into spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter relations is disrupted, Aboriginal ill health will persist. (p. 19).

Australian Aboriginal health has been severely impacted since the time of European contact. In Western Australia, the life expectancy for Indigenous people is far less than that of their non-Indigenous contemporaries with a gap of 14 years for Indigenous males and 12.5 years for Indigenous females (AIH, 2013). A broad range of factors impact on people's lives to influence life expectancy such as: economic stability; housing and environmental health factors; access to effective services and risk and lifestyle behaviours (AIH, 2013; Zubrick, et al., 2010). The five major leading causes of Indigenous deaths between 2006-2012 were: circulatory diseases; cancer; respiratory diseases; diabetes and injury and poisoning, with obesity, lack of physical activity, unhealthy diet, harmful alcohol use and tobacco smoking the most common risk factors contributing to these causes of death (AIH, 2013; AIH, 2014).

Despite the now compromised health of Aboriginal people, and the historical experiences of devastation as a cultural group, there are records of resistance and resilience and a strengthening of contemporary cultural identity and determination (Zubrick, et al., 2010). The historical impact on Aboriginal culture and health in general is also reflected in the smaller community of the Bindjareb people. The Bindjareb

community Elders' and leaders' response to history's devastating impact on their lifestyle and health was to develop a vision for the future that would ensure generational change. One community woman leader reported that by "helping the kids first, then they can tell the parents and it (health literacy and life skills) will be carried on like that" (Maza, 2006, ABC Television). As a result of this vision Caroline Nilson, a health professional, academic, and researcher was invited to attend discussions on the development of a community owned health program, convened by the community Aboriginal Association (MDAA).

The partnership between the MDAA and Caroline began in early 2011 with Deadly Koolinga Chefs (DKC). The DKC program engaged a group of 11 and 12 year old Bindjareb children in a 12 week nutrition and cooking adventure, where they learned how to plan, shop for and prepare a healthy meal for four. Each week the children took home their prepared meals, together with their new skills and knowledge, to share with their family. This resulted in a request by the Bindjareb women for a broadening of the program to address the health and wellbeing of the community's women and their families.

Aboriginal Women as Instigators of Health Reform

The BYHP was developed in response to and *with* the women of the community because they are traditionally responsible for family health and wellbeing. As Aboriginal women are often the primary seekers of health care and health information for themselves, their children and other family members, having access to health promotion initiatives that are community owned and controlled will encourage participation and healthier behaviour (Wathen & Harris, 2007).

Aboriginal women have a deep sense of responsibility to contribute to the well-being of others in the community (Martin, 2003; Wilson, 2004). The concept of Aboriginal health and well-being flows from a harmony and balance among all elements

of individual and collective lives and one person's poor health affects others in the community (Wilson, 2004). Individual responsibility for health is the start to a healthy family and community (Wilson, 2004). Health-informed women will participate in more health-promoting behaviours, which influence the family through direct and indirect sanctions on health related behaviours (Grzywacz & Fuqua, 2000). In addition, Tsey, et al. (2010, p. 169) suggest that changes at a "personal level influence other individuals and systems over time, highlighting the ecological or multilevel dimensions of empowerment". Hence the overall emphasis is about doing and learning things within a community group that make a positive contribution to health.

Ethnographic Action Research as an Approach to Ecological Health Promotion

In response to the Binjareb women's identification of their community's health needs, Caroline, in collaboration with the women and the other author/researchers, began to develop the BYHP. The program purposefully addressed several areas of identified need and resulted in a multifaceted health promotion program comprised of four components: cooking and nutrition classes; group fitness classes; health yarning classes; a community vegetable garden project; a narrative art project.

The fieldwork was completed over a one-year period and during that time the cooking and nutrition classes, and group fitness classes were conducted on a weekly basis, the health yarning classes on a fortnightly basis, and the community garden project was developed and managed as a group activity as required. The classes were conducted at a community centre adjacent to the local primary school, until the MDAA Bindjareb Centre was refurbished. The community garden was established on MDAA land. The program structure and content was developed and monitored by the MDAA and each component was facilitated and co-coordinated by Caroline in conjunction with a woman Elder and woman leader. By placing the community members at the center of the work the BYHP adopted a community-centered approach with direct responsibility

for their own health and wellbeing (MAC & WHGNE, 2008). Art, symbols and icons have an essential role in the mechanisms for culturally appropriate communication in Aboriginal culture (MAC & WHGNE, 2008). To this end a narrative art project was used as a tool to describe, explore and discover the experiences of the participants' involvement in the BYHP and to disseminate the findings via a public art exhibition (Nilson, et al., 2015a).

Preparation and Development of the Role of Researcher in Ethnographic Action Research

Action research in a local community setting places significant personal demands on the researcher and will often lead them to question their beliefs, values and individuality as the project unfolds. Self-identity is neither a single distinctive trait nor a multitude of traits, but rather the "self as reflexively understood by the person in terms of her or his biography" (Giddens, 1991 p. 53). Self-awareness is having a clear perception of self (weaknesses, strengths, emotions, motivations, thoughts, beliefs), which assists in understanding other people and gauging how they perceive others (Finlay, 2002).

Reflexivity in qualitative research is integral to developing a heightened self-awareness of the research context (Elliott, 2005; Finlay, 2002). The concepts of reflexivity and reflection are often used interchangeably and while both are important across the continuum of a research project their definitions are individual (Finlay, 2002). Reflection is thinking about something (action, object) and it usually takes place after the event; however reflexivity is more immediate and dynamic and connects with continuing subjective self-awareness (Finlay, 2002). Both are vital processes in a project requiring cross-cultural understanding. Through reflexive practice the researcher journeys towards self-awareness and becomes 'in tune' with their self-identity. Being in tune with self-identity positions the researcher to become more flexible and allow for

the re-shaping of references, however also understanding that absolute flexibility is also not a useful approach to a balanced worldview (Fisher, 2010).

In terms of the research processes, absolute flexibility has the potential to lead to over familiarisation, which may lead to missing crucial behaviours and actions. There is the phenomenon of “going native” where the researcher potentially loses focus of the research altogether and becomes part of the group and ‘dissolves’ into the study environment (Hammersley & Atkinson, 1995; Kanuha, 2000). On the other hand, total inflexibility creates difficulties with relationships, leading them to be superficial and one-way. By failing to develop a reciprocal relationship the researcher becomes disengaged from the research processes and becomes oblivious to the irrelevance of the project outcomes (Dudgeon, et al., 2010b).

Throughout the research journey the researcher is required to reflect, explore, examine and identify cultural norms, contradictory feelings and ambivalence, together with worldview values and their resulting assistance and resistance to the relationship with the participants and thus the outcomes of the research. The environment, the researcher and the researcher's experience of the environment are all interconnected and to be reflexive the researcher needs to have an ongoing inward discussion while simultaneously experiencing the activities within the environment (Finlay, 2002). There is therefore a tension between the need to be flexible enough to be able to take on board and appreciate fully the views and values of people living a life different from the researcher, and the researcher's responsibility to provide a narrative account of that world as a temporary insider.

Although researcher subjectivity (from a non-Indigenous world perspective) has the potential to influence and shape the research (Finlay & Gough, 2003), the work described here is framed within the culture perspective to ensure that the written interpretation is a synthesis of the Aboriginal participant group's native intuition,

actions and inclinations and the researcher's understanding of those. Using an Indigenous cultural perspective (Dudgeon, et al., 2010b) and immersion in the group, Caroline, as the field researcher has been able to understand, describe and interpret the meaning system and the material flow in the Aboriginal participant group, without being the 'authoritative speaker' (Dudgeon, et al., 2010b). In this instance Caroline came to the study as a health professional and had to immerse herself in an Aboriginal community to complete the study. This represented a very significant personal and professional journey for Caroline over time. It would not have been possible to do this project without this level of personal immersion and personal and professional development.

A Researcher's Ethnographic Immersion: Caroline's First Person Account²

Historical interactions between Australian Indigenous people and European culture have a long history of oppression (Martin, 2008; Smith, 2005; Wilson, 2008), therefore in the Indigenous research paradigm the capacity to reflect on 'conceptual baggage' is paramount (Belfrage, 2007; Hart, 2010). By assuming a reflexive attitude I have searched within myself to reflect, explore, examine and identify my cultural norms, contradictory feelings and ambivalence, and my worldview values and their assistance and resistance to my relationship with the Aboriginal participants. It became clear to me that I could bring together our differing worldviews by seeking aspects of common ground: Values of fairness, compassion, honesty, trust and thankfulness, which were readily acceptable to both worldviews (Fisher, 2010).

I used a cyclic reflective and reflexive process as a tool to examine, minimise and contextualise the assumptions and pre-suppositions I had. The first step was to "return to the experience". As an example, I considered the occasions where I had

² This section is adapted from 'Nilson, C. (Under Review [UR]). A journey towards cultural competence in Indigenous research: The role of researcher reflexivity. *Journal of Transcultural Nursing*. Manuscript Reference Number: JTN-15-193 (September 4, 2015). (Appendix F)

witnessed poor health behaviours by the women participants. In a descriptive way, without critical evaluation or judgement, I recalled and recounted the experience. With the intent of the research in the forefront of my mind, the second step was to 'attend to feelings'. I recognised supportive feelings and fostered them and worked through obstructive feelings so that constructive reflection could take place. An example of an obstructive feeling was my frustration at seeing the women eating convenience food away from the cooking and nutrition classes. It made me feel deflated and frustrated and left me questioning myself and asking: "What is the point? Why am I bothering?" However, hearing the women comment that they were learning new skills in the kitchen evoked feelings of hopefulness and I was encouraged. Once I had identified and realised my feelings, I 're-evaluated'. Once again with the intent of the research as the main focus, I linked these feelings to elements of my identity.

I reflected on the foundations of my personal worldview. I reflected on my privileged educational opportunity and my health knowledge, my fortunate environmental situation, and my ability to engage in healthy life style options. I then compared that with the reduced educational opportunity of the women and their limited knowledge and understanding of health practices; their environmental situation; their reduced social and emotional wellbeing and historical factors, which often hindered options for healthy lifestyle. Having made the association between my views and background, I was better able to understand what influenced their lifestyle behaviours and choices and not let this difference derail the project. I found myself able to suspend my judgements of their lives and concentrate on looking for the deeper connections and meaning in the fieldwork. I learnt to engage this cyclic reflective and reflexive process not only after events or occasions, but during them too; noticing my feelings, thoughts and judgements as they developed and intervening at that moment in time. This process is described as "reflection in action" by Boud and Walker (1993, p. 76). This process

became a self-checking mechanism for maintaining cultural sensitivity (Dudgeon, et al., 2010b) during the facilitation of the program activities.

By working through the cycle of reflection and reflexivity and by avoiding judgement, I realised that I was developing much more focused attention on my personality, emotions and behaviours. I found that I was able to respond constructively to internal dilemmas rather than react emotionally. I was becoming mindful of where my thoughts, emotions, reactions and behaviour patterns were taking me. Avoiding my emotions would not provide for quality research, but using my emotions intelligently would benefit the research process (Gilbert, 2001).

Furthermore, I was becoming more relaxed in my researcher role and my facilitator role. This was important not only for the research processes but for my own wellbeing. Mahood (2012) warns non-Indigenous people collaborating in cross-cultural contexts about the risk of breakdown from the pressure of carrying out the expected workload. Now that I was no longer so task orientated and in a more relaxed state, I noticed that I was becoming more attuned to other elements of the research setting. I was noticing markers of individual identity (language styles, body language, clothes, hair, gestures) and markers of group identity (conversation styles, inclusive behaviours, exclusive behaviours) and also recognising how the women 'saw' me and how they granted me my identity. I was becoming more self-aware.

I became more sensitive about how the women perceived me (Fletcher & Bailey, 2003) and used this type of information in my self-appraisals to change my behaviour so that I could relate effectively with them (Moshavl, Brown & Dodd, 2003). Self-awareness is an essential component of emotional intelligence and fundamental to the ability to trust, communicate, and build relationships with others (Cook, 1999; Goleman, 2006). As I became more mindful and self-aware I was able to pay greater attention to the wider context of the study surrounds. Mindfulness is described as

having a strong link to self-awareness and is being aware of one's emotions and cognitions (internal) and the surrounding environment (external) (Brown & Ryan, 2003). I became more mindful about making judgements in any particular situation and mindful and self-aware about any reaction occurring from the situation (Leary & Tate, 2007). I found that I was able to watch the situation unfold without holding onto any feelings or thoughts that developed or alternatively dismissing them, which had a direct impact on my relationship with the women and the ongoing and unfolding activities and actions in the research setting. This is exemplified through the following reflective journal entries:

Before, when I facilitated a class in the program (BYHP), working down at the vegetable garden or cooking, I tended to be too quick to jump in and take over. Out of frustration I think, and probably to accommodate myself. I have found that I'm calmer and more relaxed now. I just watch. I wait to see how the dynamics of the group work and eventually they get to the point of sorting out who is doing what. They joke about how I used to rush in and "fix things". We have a laugh about it now. (Personal Diary Note [PDN] – May 02, 2013)

I have noticed that my relationship with the women is more relaxed and more open. They laugh with me and at me and I laugh with them. It isn't about me teaching them as such; it's more about sharing what we all know. I believe that I'm more in tune with the opportunities for interactions and reciprocity – sharing is what I've really come to understand. I'm so much more aware about what's happening in the moment, rather than being so buried in completing a task and missing what has just unfolded. I'm so much more conscious now of what has unfolded during that time. I'm hearing so much more than I used to,

and noticing things; interactions, behaviours, gestures. I was missing all that before because I was so busy doing things (PDN – May 02, 2013).

Becoming Part of the Group: A Researcher's Journey

In the Indigenous context the researcher is doing more than just systematically describing events and behaviours in the social setting of the fieldwork. Instead they are engaging in the day-to-day activities of the participants and the events that occur in the research setting; learning through involvement and exposure (°Nilson, UR). Being a participant observer in this context is unobtrusive and natural and requires that the researcher develop characteristics and abilities to be patient and calm, to be open minded and non-judgemental, and to be interested in learning about Indigenous ways of doing, being and seeing (Martin, 2003), by quietly listening and carefully observing (Dudgeon, et al., 2010b).

The researcher must be open to learning about unexpected information, the possibility of feeling culture shock (°Nilson, UR), and the probability of making culturally inappropriate blunders (Bernard, 2006). As fieldwork is an art and a science (Wolcott, 2005), data is gathered by making observations of place, space, people, behaviour, activity and groups and to search for meaning, relationships and underlying patterns in behaviours, engagements, attitudes and attributes. The development of trusting relationships with participants and establishing rapport with key members of the community enables the researcher to blend in with the environment to ensure that things unfold naturally (°Nilson, Morrison, Fetherston & Kearing-Salmon, UR). The process of developing trusting relationships and rapport happens over an extended time (°Nilson, et al., UR) and moves through stages to finally allow the researcher to 'be present' (Dudgeon, et al., 2010b). Initially, the researcher is regarded with caution because of the ignorance to the community's cultural ways. Finally there is acceptance and welcome as

the trust develops and the intruder's cultural knowledge increases (Bernard, 2006; Nilson, et al., UR).

Much can be learned through 'osmosis' (Dudgeon, et al., 2010b), however as relationships with the participants deepen the researcher is able to ask intimate questions to understand how they experience the world. The participants will decide if the observer is 'ready to hear' the information and the observer needs to trust that they will be told when that time comes (Dudgeon, et al., 2010b). Understanding that Kaartdijin Bindjareb Nyungar (lore, law and knowledge of customs and culture) is owned by the participants, the researcher should verify new information to ensure that it is correctly understood, which is also a form of internal validation.

Throughout the fieldwork the researcher must take reliable notes by writing, recording or video recording, which capture the observed details of life in contexts. Field notes constitute a large part of the data, and form the base for later conclusions (Bernard, 2006). This process is also crucial to reflexivity and reflection as the researcher engages in many types of reasoning (Walton, 2001) to make sense of their thoughts and feelings by returning to explore their learning experiences repeatedly. The experience becomes the researcher's "touchstone of validity" (Rogers, 1961, p. 23).

Dealing with Disinterest and Hostility

The BYHP model was technically sound as it was shaped by the MTWW framework (MAC & WHGNE, 2008). However there were some identified community tensions that revolved around control, consultation and participation (Nilson, et al., 2015). The identification of these issues was essential to the overall outcome and sustainability of the program and ethical responsibility for the community (MAC & WHGNE, 2008; Mahood, 2012).

In developing health promotion programs in the context of Aboriginal communities, 'outsiders' need to be aware that collaborating with community Elders

and leaders can unwittingly and unknowingly exacerbate community tensions and lead to further disempowerment (Chataway, 2002; Gooda, 2011). Further, if all community members do not feel connected with collective decision making there can be an active undermining of worthwhile initiatives by disenfranchised members of the community (Bishop, 2002; Mahood, 2012). Community tensions are not confined to the Australian Indigenous population and are prevalent in all societies (Eversole, 2003). In this context, lateral violence is the term used to describe tensions of this nature (Gooda, 2011), and is often described as 'internalised colonialism'.

A strength-based approach, such as the one used to develop the BYHP, which builds on concepts of community control and community determination identified that the MDAA believed that change was possible (Eversole, 2003). Therefore, the remaining challenge for the MDAA and the researchers was to assist the direction of change and to begin to reinstate community governance by recognizing the patterns of community and family conflict and feuding (Bishop, 2002; Hancock & Dudgeon 2010). To aid this direction of change, two week-long governance workshops were conducted (Appendix V), during the research timeframe to discuss and develop management policies and protocols for the BYHP and for the Centre usage when refurbishment was complete. In addition, time was spent discussing the roles and responsibilities of the MDAA committee as a whole, as well as the individual positions of office. The workshops were successful in building connectedness and trust and a sense of determination and empowerment within the group (MAC & WHGNE, 2008). (Group Photographs 3, p. 61)

Rebuilding a sense of connectedness and trust is necessary for the successful development of Aboriginal community empowerment and governance (Chataway, 2002). Mistrust has developed over time as several generations of Aboriginal people have been subjected to domination, alienation and exploitation and structures or people

within communities that represent those powers are often mistrusted (Chataway, 2002; Gooda, 2011). Some community members often feel “shut out” from the decision making processes which has a negative effect on community vitality (Chataway, 2002). It is important then to address these issues constructively and to foreshadow feelings of mistrust both in preparing and during the delivery of any program.

Participatory Research as a Way towards Change

The social vitality of a community is essential for the success of community-based health promotion, in order to mobilise a community toward change (McLeroy, Norton, Kegler, Burdine & Sumaya, 2003), and to this end the action research approach taken here provided opportunities for reciprocal learning and capacity building in a number of ways. These included individual, two way, and community capacity building. On an individual level, women Elders and leaders of the MDAA, as consumers and participants, were directly involved with all aspects of the BYHP. Their involvement affected their individual knowledge and skill-potential to bring about change not only at a personal level but also in supporting community population health efforts (Laverack, Hill, Akenson & Corrie, 2009).

Participants engaged in individual and two-way learning through attending the four components of the BYHP. They developed knowledge and skills that could be used in everyday life (nutrition, exercise, health information and cultural knowledge sharing), which was translated to their children and other family members. Health is considered a resource for day-to-day living (WHO, 2009), and is a positive concept that emphasises the importance of a complete social, emotional and physical health. Having women Elders and leaders of the MDAA as members of the research project Community Advisory Group (CAG) for the BYHP, engaged them in two-way learning and capacity building as they advocated for and promoted their community (Laverack, et al., 2009). Furthermore, as members of the AG, whose responsibilities included assessment of

intervention program quality, validation of the content and developing dissemination and translation strategies, the women engaged in increased problem solving capabilities, leadership development and increased control over the program management as well as strengthening links to other people and organisations, which then led to empowerment (Laverack, 2007).

The community commitment to capacity building was developed through ownership of the BYHP. In this context, the 'domain' approach (Laverack, 2006a) developed community empowerment by allowing community individuals to organise themselves towards change and this was evidenced by improving participation, further developing local leadership, increasing problem assessment capacities, enhancing critical awareness, improving resource mobilisation, and creating opportunity for equitable relationships.

How Participant Consumers Engaged with the Project – Some Findings

The findings that emerged yielded both negative and positive issues that impacted on the participants when attempting to attain optimal health and or to manage their health better. These are captured in a number of key themes that developed and represent the participants' stories of their engagement with the project.

The first theme that emerged was related to an *overwhelming sense of loss* connected to the historical impact of colonisation (Nilson, et al., 2015; ^aNilson, et al., UR). Geographic displacement from their traditional land resulted in loss of access to traditional food, loss of traditional dietary knowledge, and loss of traditional cultural roles and practices; all of which had an impact on their current health. Hammond (1933, p. 11), writes that after the 1880s the tribes of the south west Western Australia had begun to disperse and were "beginning to drop their own ways and their own language". Survival of the Aboriginal people depended on detailed knowledge of the seasonal cycles of animals and plants, water sources and the land (O'Dea, et al., 1991). The loss

of this knowledge declined as access to land and resources and traditional ways of life were denied to them (NHMRC, 2000). Further knowledge decline occurred when the children were removed from their parents and prevented from speaking the language (Bretherton & Mellor, 2006).

This first theme was compounded by *embarrassment and a sense of karnya (shame)* (Nilson, et al., 2015), which was acknowledged as a daily life experience for the participants when attempting to access information and services relating to managing health. In addition this extended to feelings of *confusion and miscomprehension* (Nilson, et al., 2015) in the advertising of nutritional values of foods and other health giving and maintenance products. There was reluctance for Aboriginal people to engage with health services and other mainstream services due to their feelings of *fear of discrimination and 'shame'* (Nilson, et al., 2015; ^aNilson, et al., UR). Shame is described as having feelings of anxiety, inadequacy and acute self-consciousness when being exposed (anticipatory or actual) to the critical scrutiny of others (Ware, 2013). This can be caused by perceptions of being harshly judged for having differing values and beliefs and being talked down to (Kwok, 2012). *Discrimination and behavioural racism* (Nilson, et al., 2015; ^aNilson, et al., UR) continues to negatively influence the daily lives of Aboriginal Australian people in complex ways and are exhibited through pathways such as the reduced use of preventative health services (Awofeso, 2011).

On the other hand positive themes also emerged in the four components of the project. The sense of *community ownership* (Nilson, et al., 2015; ^dNilson, et al., UR) of the project enabled health knowledge to be communicated to the participants in appropriate ways. It provided a '*safe place*' for *culturally safe participation* (Nilson, et al., 2015; ^aNilson, et al., UR; ^bNilson, et al., UR; ^dNilson, et al., UR). The social aspects of the project were also recognised as being important for *participation and engagement*

(Nilson, et al., 2015; ^aNilson, et al., UR; ^bNilson, et al., UR; ^dNilson, et al., UR). Health promotion programs in Aboriginal communities that recognise the importance of social and cultural aspects for participation and engagement and that create non-threatening environments that accommodate participant's children are conducive to learning (Abbott, et al., 2012; Foley, et al., 2011).

A sense of purpose and connection was a finding threaded through all four project components (Nilson, et al., 2015; ^aNilson, et al., UR; ^dNilson, et al., UR). As the women's knowledge increased around healthy eating, the importance of regular exercise, maintaining health and vegetable growing, their attitudes towards personal responsibilities to provide for and encourage healthy lifestyle habits for their families increased. Research now suggests that individuals who experience self-efficacy, competence and autonomy (identified relevance to personal needs), are more likely to be self-determined in relation to their health (Ryan and Deci, 2000). This is also confirmed by research related to the development of health literacy in the Aboriginal context, which suggests that individuals who gain knowledge and skills and have an increased self-efficacy in relation to health maintenance, are more likely to change their behaviour (Keleher & Hagger, 2007; Tsey, 1997).

Art is an important strategy in helping to articulate the Aboriginal perspective (Nilson, et al., 2015a) and is supported by the theoretical underpinnings of social justice where the subjugated 'voice' is heard (Faulkner, 2006). To this end a narrative art component of the project was used as a tool to explore the experiences of the participant's involvement in the program. The narrative art project created a context to communicate participant's health and wellbeing experiences from the BYHP. The project created a "voice" to narrate feelings of engagement, purpose, cultural revitalisation, cultural pride and sense of place, and resilience (Nilson, et al., 2015a).

Finally the support, instruction and guidance provided from partnership organisations were considered important to the ongoing success of the BYHP (Nilson, et al., 2015; ^dNilson, et al., UR). Several partnerships with not for profit organisations provided support for the project. These partnerships have been structured to operate beyond the research timeframe to support continued community management and development. Partnerships can be an integral component to ensuring sufficient infrastructure and sustainability to improve outcomes (MAC & WHGNE, 2008).

Dissemination of Findings

Information about the development, the structure and some of the findings of the BYHP is being shared widely amongst indigenous consumers, academics and health professionals interested in public and Indigenous health. Using art as a vehicle to share the participant's art stories of the BYHP is meaningful to both the participants and to other Aboriginal consumers because it provides an important link to knowledge of their Aboriginal culture and society (Christensen 2012; Keen & Todres 2007; Nilson, et al., 2015). As a result the artworks produced by the participants were used as a means of disseminating findings in the form of an art exhibition entitled Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny (loosely translated: Our Families Coming Together to Talk About Stories). This generated great interest in the surrounding region, and from the wider art community. The MDAA and a partner organisation are jointly preparing for the exhibition to go on regional and state tour in 2015, which will facilitate an even broader dissemination.

Caroline and key members of the MDAA have also attended several conferences throughout the research timeframe both nationally and internationally. This strategy was considered essential as part of the true collaboration (MAC & WHGNE, 2008). True collaboration with Aboriginal people requires respect and a deep level of relatedness and honesty (Martin, 2008). Martin (2008, pp. 120-121) describes these three core

conditions in an Aboriginal context as 'coming amongst and coming alongside', 'talk the true word' and 'walk one way together'. These are ways of regulating outsiders so that Aboriginal people become part of the decision making and are 'at the table' to assert their ownership and protect their lore and land (Kaartdijin Bindjareb Nyungar). This ethos aligns with the MTWW framework (MAC & WHGNE, 2008) that requires practice to reflect Aboriginal self-determination principles.

Conclusion

The BYHP provides an example of working with indigenous consumers using EAR facilitates a participatory approach to health promotion in a regional Australian Aboriginal context. Guided by the MTWW framework that uses an Aboriginal lens (MAC & WHGNE 2008), the ethnographic immersion enabled the construction of an Aboriginal identity narrative while working towards a change in community health and wellbeing (Martin, 2003). The EAR approach in this context has been "a source of enrichment in their lives and not a source of depletion or denigration" (Weber-Pillwax, 1999, cited in Wilson, 2008, p. 55).

Participant Sample and Setting

In total there were 17 Aboriginal yorgas aged between 18 and 60 years who signed up for the BYHP and all 17 consented to participate in the study. The age distribution of the participants was four between 18 and 25 years, seven between 26 and 35 years, two between 36 to 45 years, and four between 46 and 60 years. Two participants were originally from other regions and had been acknowledged by the local community through the traditional protocols of introduction and welcome (Dudgeon & Ugle, 2010), and the remaining 15 participants were from the two local kinship groups. All participants lived in the main town and one smaller town of a Shire situated in the Peel region of south west WA. It is important to understand that the Aboriginal regions of south west Western Australia differ from the Western Australian Government regions

and are detailed in figures 5 (p. 9), 6 (p. 10), 7 (p. 11), and 8 (p. 12) in chapter one. The Shire has a total area of 808 km² with a total number of 87 Indigenous females aged between 18 and 65 years recorded from a population survey conducted in 2011 (ABS, 2013).

Over the course of the research timeframe there were an additional five women, recruited to the BYHP, but they did not consent to participate in the study. All participants of the group fitness classes were required to undertake a pre-screening test prior to their involvement, as recommended by Exercise and Sports Science Australia, Fitness Australia and Sports Medicine Australia (2012). Should an individual be found to be at high risk for any medical condition that may be exacerbated during exercise, referral for medical clearance was arranged. Inclusion criteria for the study required that the women were 18 years of age and were of Aboriginal descent.

While the BYHP was intended for the women of the community it accommodated the attendance of children and family members to all components of the program. Family members and children of eight participants were accommodated with four participants having between 4 and 6 members and the other four participants having two members attending. This is essential to the holistic approach appropriate in the provision of Indigenous health promotion (Benoita, et al., 2003; Burchill, et al., 2011), however only the study participants of the BYHP attended the yarning (group and individual) sessions. Participation in the cooking and nutrition component is reported elsewhere (Nilson, et al., 2015) and the reporting of the participation in the other three components of the BYHP, are the subject for articles currently under review elsewhere (^aNilson, et al., UR; ^bNilson, et al., UR; ^dNilson, et al., UR).

Recruiting Participants and Ethical Implications

Purposive sampling was undertaken at the commencement of the study and is a common technique used in Aboriginal research (Jalla & Hayden, 2014), and useful

when studying a particular cultural domain where the culturally knowledgeable experts are within (Tongco, 2007). Recruitment of the participants was facilitated by the Elders and leaders of the MDAA. This was a protocol that acknowledged the Elders as being the custodians of the local *kaartdijin* (knowledge). The community Elders and leaders have knowledge of family connections and kinships (Hart, 2010; Lavallée, 2009; Rae, et al., 2012; Sherwood, 2010; Weber-Pilwax, 2004), and introductions are more effective when made by a mutually known individual, who can vouch for the researchers (Jalla & Hayden, 2014). Further, the protocols for who is approached, and the ways of yarning about new issues that affect and involve the community is crucial (Lavallée, 2009; NHMRC, 2003; Rae, et al., 2012; Wong, et al., 2013).

To recruit the participants a community gathering was convened and held at the MOASH in June, 2012 and a light meal was provided (Lavallée, 2009). The Elders and leaders were well versed in the BYHP and the research project and yarned informally with the community members handing out information sheets. Elder and leader participation in this process is pivotal to avoid coercion and exploitation of vulnerable individuals and to increase validity and reliability (Kelly, 2006; Sherwood, 2010; Smith, 2008). They also guided the participants through the consent form (Appendix R) and the information sheet (Appendix S), highlighting the participants' rights to withdrawal, confidentiality processes, endorsement of data collection methods and the right to contact authorities for clarification on correct protocols, and the reporting of research and or researcher misconduct (Russell, et al., 2005).

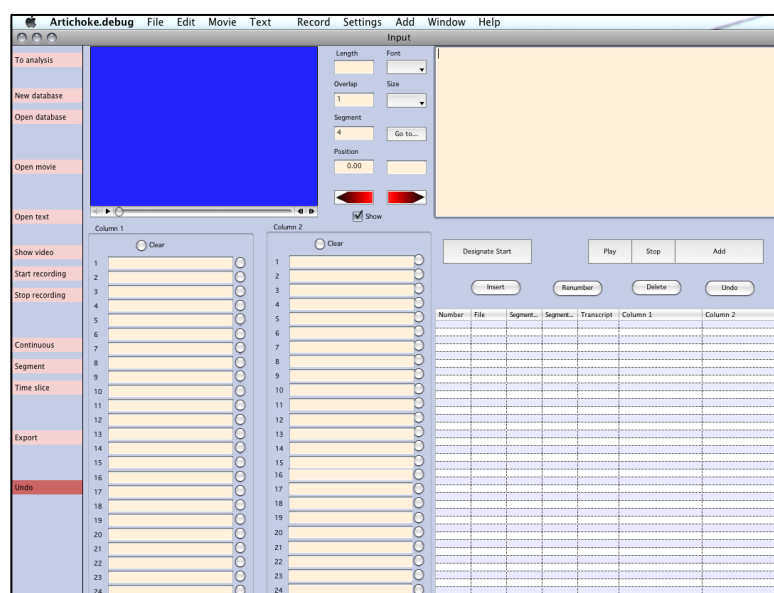
Safety of personal, intellectual and cultural property is of a sensitive nature to Aboriginal culture and kinships (Gorman & Toombs, 2009; NHMRC, 2007; Poff, 2006) and to minimise any issues pertaining to intellectual property, discussions with the Elders and leaders took place regarding the storage of data (Couzos, et al., 2005; Poff, 2006). Destruction of certain photographs and audio recordings following the analysis

phase was also discussed. Further, consideration was also given to placing individual participants in jeopardy in their own community, due to disclosure of sensitive information and it was decided that only CN, K-AK-S, GK and SK, would have access to participant's details and data (Henderson, et al., 2002; Poff, 2006).

Data Analysis

Artichoke™ (Fetherston, 2013) database software was used to implement interpretative analysis of the data. The raw audio recorded data of the yarning sessions and CNs PDNs were converted into MP4 audio files in Artichoke™ Input (Fetherston, 2013). The photographed data and the photographs of the works of art were converted to a slide show using an iPhone slideshow application, which was then converted to QuickTime for Artichoke™ Input. Initial familiarisation of the data was performed by CN and was achieved in Artichoke™ Analyse (Fetherston, 2013) by repeatedly listening to the tape recorded interviews in thirty second segments. Data from each of the four components of the BYHP and the art project, were placed in separate 'bins' and analysed individually by CN, K-AK-S, GK, and SK. The research supervisors, CF and PM were consulted throughout this phase. The working windows of Artichoke™ Input and Artichoke™ Analyse are illustrated in Figure 9 and 10.

Figure 9 Artichoke™ Input – Working windows (Fetherston, 2013)



To repeatedly listen to the recorded data the time slices could be adjusted within Artichoke™ Input (below)

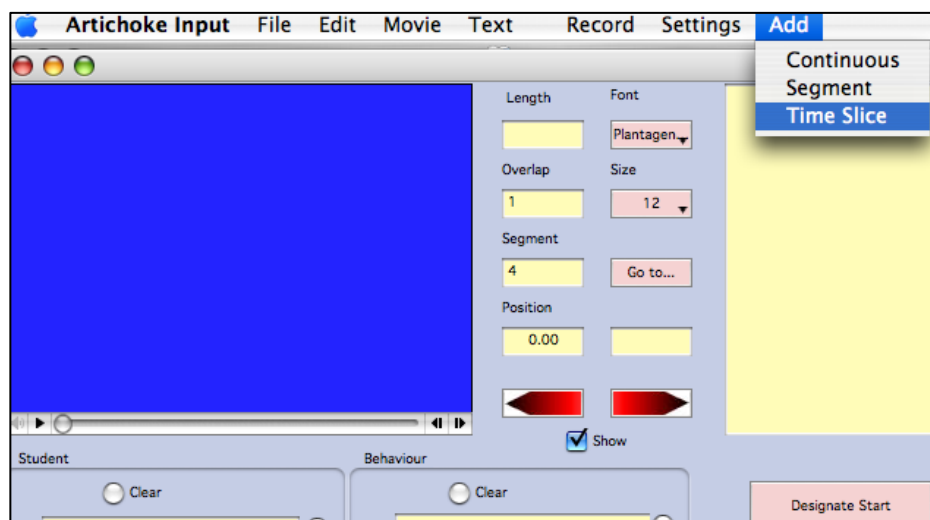
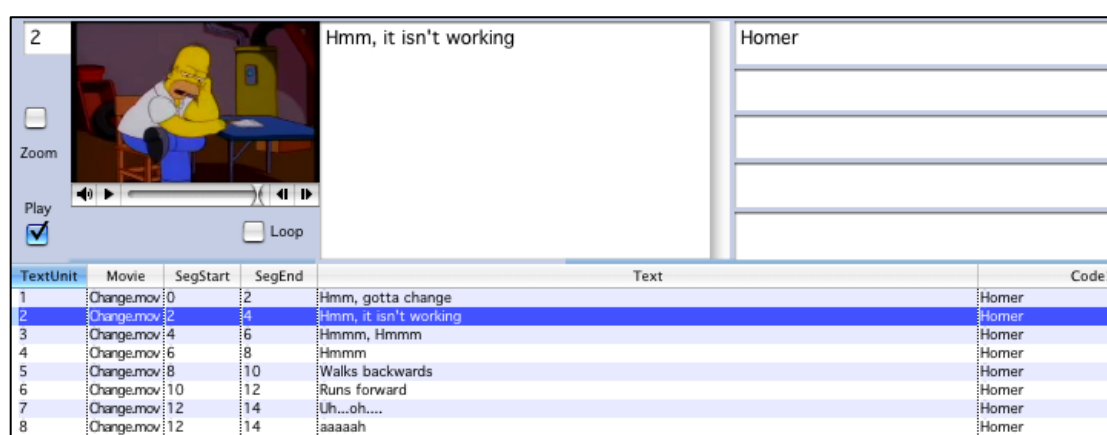
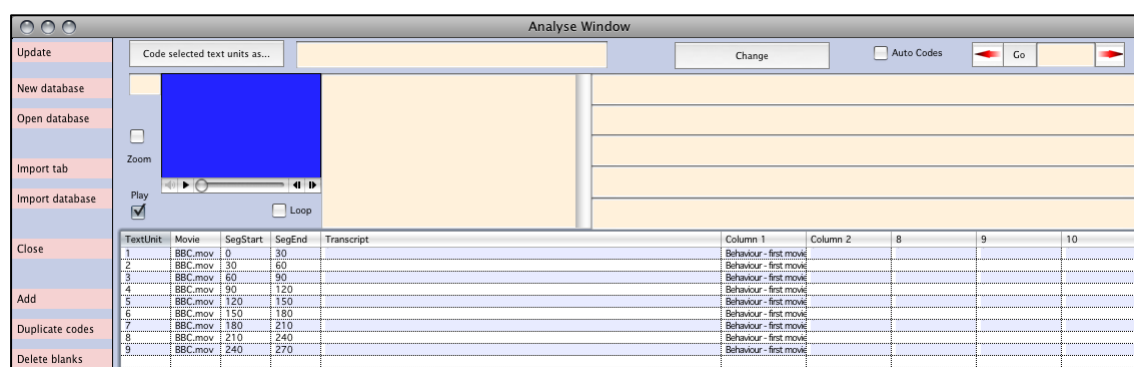


Figure 10 Artichoke™ Analyse – Working windows (Fetherston, 2013)

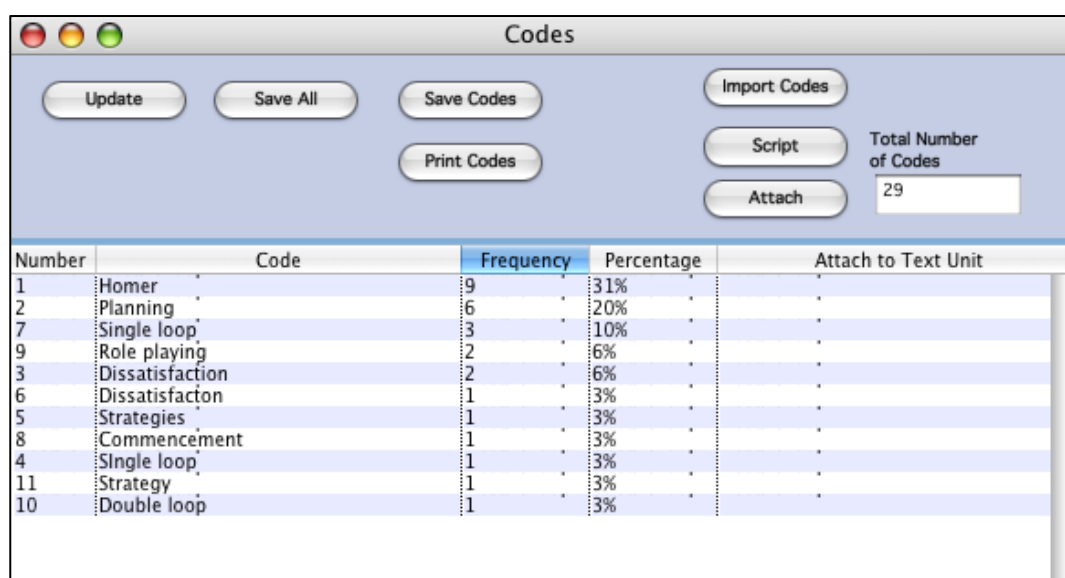


Thematic analysis occurred using descriptive coding, interpretative coding, and overarching theme development (King & Horrocks, 2010). During the process any identified differences were highlighted and discussed and the coding was adjusted. The

codes were compared with CNs PDNs, K-AK-Ss, GKs, and SKs observations, and photographed data and the works of art. Triangulation of the data increased rigour (Braun & Clarke, 2006; de Crespigny, Emden, Kowanko & Murray, 2004; Denzin & Lincoln, 2005). Thematic analysis is useful in the Indigenous participatory paradigm and collaborating with K-AK-S, GK and SK in the analysis and having them as 'partners in theorising' (Louis, 2007), allowed for consistency in the analysis process and provided for multiple perspectives (social and psychological) (Braun & Clarke, 2006; Minkler, 2005).

This collaboration also ensured that concepts and themes derived from the data were culturally interpreted rather than just described (Louis, 2007; Minkler, 2005), and that the coding process was inclusive and comprehensive (Braun & Clarke, 2006). Lassiter (2001, p. 139) refers to these processes as the ability to work 'alongside' community members as processes develop and "using the developing text as the centrepiece of evolving ongoing conversation", "not just sitting down to verify quotes". Further, these processes reaffirmed the research to be community controlled (Prior, 2007), and K-AK-S, GK, and SK were able to check the study results with the participants and feedback any required alterations and amendments, which is advocated for as a code of ethics (Couzos, et al., 2005; Dudgeon, et al., 2010a). Data saturation occurred when no new or relevant information emerged. No additional yarning sessions (group or individual) were conducted following data analysis.

Working in the Artichoke™ Coding window (Fetherston, 2013), recurrence, repetition and forcefulness were the three points of reference implemented to identify the themes (Overcash, 2004). Using narrative data that had the same meaning and ideas identified recurrence and repetition. Forcefulness was referenced by identifying verbal and non-verbal cues that reinforced the particular concepts. Figure 11 illustrates the working window for coding in Artichoke™ Analyse.

Figure 11 Coding in Artichoke™ Analyse (Fetherston, 2013)


The screenshot shows the 'Codes' window of the Artichoke™ Analyse software. At the top, there are buttons for 'Update', 'Save All', 'Save Codes', 'Import Codes', 'Print Codes', 'Script', and 'Attach'. On the right, a 'Total Number of Codes' field displays '29'. Below the buttons is a table with the following data:

Number	Code	Frequency	Percentage	Attach to Text Unit
1	Homer	9	31%	
2	Planning	6	20%	
7	Single loop	3	10%	
9	Role playing	2	6%	
3	Dissatisfaction	2	6%	
6	Dissatisfaction	1	3%	
5	Strategies	1	3%	
8	Commencement	1	3%	
4	Single loop	1	3%	
11	Strategy	1	3%	
10	Double loop	1	3%	

Program and Project Evaluation

At the end of the research timeframe the research team evaluated the BYHP as a whole and the EAR research approach against the MTWW framework checklist. The criterion of the MTWW checklist and the scoring schema have been presented in the previous article in Box 1, (p. 58), as has the evaluation of the study's EAR research approach (Table 3, p. 59). The evaluation of the development, the delivery, and the program structure of the BYHP using the MTWW checklist is presented in Table 4.

Table 4 Evaluating the development, structure and delivery of the BYHP

MTWW Framework Components	Evaluating the BYHP using the MTWW checklist
1.	The local community owns the BYHP and local decision-making guided the development and delivery of the components (Table 1, p. 5), based on the holistic Aboriginal definition of health. The BYHP considered the historical, cultural, and social context of the community. Recognising these, the BYHP allowed family members and children to participate with the women of the community as and when needed.
2.	The BYHP drew on the strengths and assets of the community. The women Elders and leaders facilitated and coordinated components of the program and community networks 'spread the word' of the program aims and mobilised and encouraged women to attend. This aligns with the theory of empowerment which underpins the MTWW framework.
3.	All aspects of the BYHP environment (people, relationships, social, and physical conditions, and systems) were considered in the delivery of the program. A women leader was the overall coordinator of the BYHP and she monitored the internal and external environment of the program to ensure cultural security.
4.	The community defined the determinants of the community's health to drive the development of the BYHP. This aligns with the principles in point 1, which acknowledges that community control is based on the three 'Cs': community driven, community developed and community implemented.
5.	A settings approach was a key consideration to promote a 'sense of place'. The BYHP was conducted in a community building familiar to the Aboriginal community and the vegetable garden was built on cultural land. The BYHP later relocated to the newly refurbished Centre on MDAA land. This aligns with principles in point 1 that acknowledges the connection to land and spirit.
6.	Women Elders and leaders coordinated components of the BYHP to ensure the Aboriginal ways of being, doing, and knowing were respected. The three C's principle also strengthened the ways in which the three components were facilitated: trust, respectful relationships, and reciprocity. Two major aims of the BYHP were to develop individual skills in healthy lifestyles and to strengthen community action towards improved health (Table 2, p. 53).
7.	The women Elders and leaders agreed to the BYHP becoming a research initiative and women Elders and leaders were engaged in every process of the research (Table 2, p. 53). This strategy aligns with the empowerment theory in point 2. The BYHP conducted a pilot project, which allowed for any modifications in the design or delivery of the program (Table 1, p. 5).
8.	Selected community members were appointed as coordinators for each individual component of the BYHP increasing their leadership, planning and management skills and knowledge. Partnerships with a health professional and researcher, and three not-for-profit organisations supported and enabled engagement and development of community mobilisation and the building of community self-determination.
9.	For the community, the BHYP targeted individual, family and community health literacy development, by increasing skills and knowledge development in healthy lifestyle management (Table 2, p. 53). One BYHP participants is undertaking formal training in the area of nutrition and two traineeships for horticulture and garden management have been sought. For the non-Aboriginal partners, capacity building in the areas of cultural awareness, cultural safety, and cultural competence was a main aim. This aligns with point 1, which outlines the commitment to the cultural rights, values, and expectations of Aboriginal people.
10.	Funding was secured to run the BYHP throughout the research timeframe and is continuing to the current time. This aligns with the need to consider the availability of adequate resources to successfully undertake and sustain health promotion programs aimed at improving health and wellbeing through empowerment and self and community determination.

CHAPTER FOUR

FINDINGS

This chapter includes six articles. Two articles have been published (Appendix B and Appendix C), and the remaining four articles are currently under review (Appendix D, E, F, and G). The articles have been modified (layout, formal inclusions (acknowledgements etc.) excluded, and referencing styles changed) to comply with the American Psychological Association manuscript style required for this thesis. The first article (Appendix B) discusses the evaluation of the cooking and nutrition component of the BYHP and presents the findings, which identify that in order to enable sustained healthy eating, cooking and nutrition interventions must engage communities, understand historical factors, and develop long-term partnerships to develop community determination. The second article (Appendix D) reports on the experiences of the participants attending the group fitness classes and walking group activities of the BYHP. The findings suggest that the introduction of group activities into Aboriginal health promotion initiatives is culturally supported, because the activities are inclusive of all family and community members. The next article discusses the participant experiences in the establishment and maintenance of the community vegetable garden (CVG) on community land (Appendix G). The findings report that the location of the CVG on traditional land impacted on the participants' sense of place and provided safety for engagement and relaxation away from the daily issues of life. The fourth article (Appendix E) discusses the participant experiences as a result of engaging in the health yarning sessions. The findings suggest that the cyclic yarning style (Bessarab & Ng'andu, 2010) adopted for the sessions ensured cultural security by promoting deep listening and unhurried discussion. The fifth article (Appendix A) describes the use of art narratives as a means of encouraging participants to use art as a 'voice' to communicate their personal experiences and involvement in the BYHP. The final article

(Appendix F) details Caroline's experiences as a full member in the research setting and sets out to describe her learning journey through interrogating the 'Self-Other' relationship using analytic autoethnography.

**An Ethnographic Action Research Study to Investigate the Experiences of
Bindjareb Women Participating in the Cooking and Nutrition Component of an
Aboriginal Health Promotion Program in Regional Western Australia**

The following is a modified version of a published article:

Nilson, C., Kearing Salmon, K., Morrison, P., & Fetherston, C. (2015). An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion program in regional Western Australia. *Public Health Nutrition*, 1-12. Available on CJO2015. doi:10.1017/S1368980015000816. (Appendix B).

Introduction

One of the major determinants of morbidity and mortality among Australian Aboriginal and Torres Strait Islander (Indigenous) peoples is poor nutrition (Vos, et al., 2009; AIHW, 2011; AIH, 2013), and in a global context Indigenous peoples from other countries also face elevated disease burden attributed to poor nutritional status (Martin, 2011, 2012a; Anand, et al., 2007; Grant, Wall, Yates & Crengle, 2010). Barriers to healthy eating and food security amongst Australian Indigenous families have been attributed to poor nutritional knowledge and cooking skills, budgeting issues, high food prices, ease of access to convenience foods, poor access to nutritious foods, and large household numbers (Brimblecombe, et al., 2013; Brimblecombe, et al., 2013a; Brimblecombe, et al., 2014; Harrison, et al., 2010). This has resulted in poor nutrition throughout the life span, causing inadequate consumption of proteins, carbohydrates, fats, minerals, vitamins and micronutrients, which are all essential in maintaining

biological and physiological health (Harrison, et al., 2010; Silke, Mensink & Beitz, 2003; Darnton-Hill, et al., 2004).

In this context the women Elders and leaders of an Aboriginal community in regional south west Western Australia [WA] collaborated with the researchers to develop and implement a health promotion program for their community. The Bindjareb Yorgas Health Program [BYHP] is a health promotion research initiative and comprises four health promotion components of cooking and nutrition classes, group fitness classes, a community garden project, and a narrative art project. The word "Bindjareb" refers to an Aboriginal region within the Nyungar nation of south west WA, and "yorgas" is the Nyungar word for woman or women. To ensure the success of health promotion initiatives in Indigenous communities, research has shown that programs must be developed collaboratively with genuine community engagement and must be specific to community needs (Barnett & Kendall, 2011; Kendall, Sunderland, Barnett, Nalder & Matthews, 2011). To this end the four components incorporated in the BYHP were those considered most appropriate by the community Elders and leaders to address the perceived health concerns of their community.

This article discusses the investigation of the experiences of the Bindjareb women participating in the cooking and nutrition component of the BYHP. The narrative art project has been analysed separately and reported elsewhere (Nilson, et al., 2015a) and the other three components of the BYHP will form the basis of other publications (^aNilson, et al., UR; ^bNilson, et al., UR; ^dNilson, et al., UR. The classes were facilitated by the first author Caroline Nison [CN], a non-Indigenous health professional, academic, and researcher, and coordinated by Karrie-Anne Kearing Salmon [K-AK-S], a Bindjareb Nyungar community leader, appointed study research assistant and author. CN was well known to the community as she had volunteered her

time to collaborate with them on the development and facilitation of a children's cooking program in 2011, which was the seed project to the BYHP.

Appointing K-AK-S as a research assistant [RA] aligned with processes in the Aboriginal research paradigm, but importantly it benefitted the research because she was able to share cultural perspectives through the world view of Bindjareb Kaartdijin lore. Kaartdijin in Nyungar means "knowledge" and importantly, Kaartdijin belong to Nyungar people only and is different from other Aboriginal groups. It involves knowledge of a set of "lore" and customs relating to marriage, food, all aspects of womanhood, land ownership and access, to mention a few, and is therefore essential to maintaining health and wellbeing (SWALSC, 2010).

Engagement with the community's women to develop the structure and contents of each of the components of the BYHP resulted in the study's aims. These aims were to explore the ways in which a community designed health promotion program: Facilitates healthy lifestyle change in the Bindjareb women and their families; Meets the health education needs of the Bindjareb women and provides a supportive environment for the women to engage in health promotion activities; Encourages community ownership of ongoing change in healthy lifestyle habits; and influences community action to lead to sustainability of the program. The research methods for the BYHP research initiative are the subject of an article currently being submitted for review elsewhere (Nilson, et al., UR), however an overview of the research processes are given to provide the reader with some context.

Methods

Study Design

The ethnographic action research (EAR) study used a naturalistic interpretive design (Thorne, et al., 2004) that was guided by the Making Two Worlds Work [MTWW] framework (MAC & WHGNE, 2008). EAR combines the methodologies of

ethnography, participatory techniques and action research (Tacchi, et al., 2003; Tacchi, et al., 2007). The BYHP is grounded in the core principles of the MTWW framework (MAC & WHGNE, 2008), which proposes empowerment as its foundation and is underpinned by Aboriginal health promotion concepts. These concepts consider the whole-of-life approach to Aboriginal health and wellbeing, and recognise the historical and social context of the community (MAC & WHGNE, 2008).

The MTWW framework was also used to guide the research processes including the interpretation of relevant literature, linking the study to previous knowledge, the identification of the benefits to the benefactors, the development of the interview questions, referencing the findings, and validating the significance of the research (Nilson, et al., UR). Informed consent materials were developed in collaboration with the community Elders and leaders and the BYHP study was granted ethics approval by Murdoch Human Ethics Research Committee and the Western Australian Aboriginal Health Ethics Committee. The BYHP is registered on the Australian & New Zealand Clinical Trials Registry (ACTRN12612000292875).

During the study's timeframe, which was from September 2012 to September 2013, there were 24 cooking and nutrition classes, which were conducted on a weekly basis during the school terms only. The classes were held in a community centre situated on the grounds of the local primary school, which was familiar to the participants, promoting feelings of safety and security (Barnett & Kendall, 2011). On occasion the classes were conducted at the MDAA community centre [Centre], which was situated on their leased land on the outskirts of the main town. However, the building had fallen into disrepair and was undergoing refurbishment, and therefore not suitable for use on a regular basis (Group Photographs 5, p. 120).

Each cooking class ran for 3-4 hours and typically began with a nutrition education session followed by food preparation and cooking. A dietician from

Foodbank[®] Western Australia attended a total of four classes and covered topics such as food groups, daily dietary recommendations, nutrient characteristics, and dietary management of chronic disease. Prior to the commencement of the BYHP, and in preparation to facilitate the remaining classes, CN completed three courses: FOODcents, Food Sensations and Workplace Hygiene Procedures (Appendix W). The aims and nutrition education and activity schedule of the nutrition and cooking classes and their relation to the checklist of the MTWW framework (Box 1, p. 58) is presented in Table 5.

Table 5 Mapping the cooking and nutrition component of the BYHP onto the concepts of the MTWW framework.

Aims of the Cooking and Nutrition Classes	Education and Skills Delivery of the Cooking and Nutrition Classes	*MTWW Framework checklist score
Use the intake recommendations of different food groups to maintain good health for self, children and family	Personnel: Dietician, Facilitator and Coordinator Evidence resources: Australian Dietary Guidelines and online resources Nutrition education topics: Food groups, serving sizes, portion sizes, nutrient characteristics, energy and nutrient requirements (all ages), food modelling tool, and management of chronic disease Skills: Participant discussion and recipe selection for cooking class. Food preparation and cooking; meal to take home for four people	16/20
Develop skills in planning for and purchasing healthy food on a budget, including reading food labels	Personnel: Dietician, Facilitator and Coordinator Evidence resources: Australian Dietary Guidelines and online resources Nutrition education topics: Nutrition information panel, menu and meal planning, supermarket fieldtrip, cost per kilo activity. Skills: Participant discussion and recipe selection for cooking class. Food preparation and cooking; meal to take home for four people	16/20
Improve the safe delivery of family foods through safe food handling, preparation and storage	Personnel: Facilitator and Coordinator Evidence resources: Australian Dietary Guidelines; Safe Food Australia and online resources Food safety and kitchen safety education topics: hand, utensil and equipment hygiene, equipment safety, covering and refrigeration, storage Skills: Participant discussion and recipe selection for cooking class. Food preparation and cooking; meal to take home for four people	16/20
Develop new skills and knowledge in food preparation and cooking for home cooking and influencing family healthy food choices	Personnel: Facilitator and Coordinator Evidence resources: Australian Dietary Guidelines and online resources Nutrition education topics: *Topics above, reducing sugar, reducing salt, dietary fibre requirements, spreads, oils, discretionary choices, mixed foods, dietary patterns for self, children and family Skills: Food preparation and cooking of main meal for four people. Participant discussion and selection	16/20

*The research team used the MTWW framework checklist (Box 1, p. 58) to determine if appropriate consideration was given to each concept in the planning and delivery of the cooking and nutrition classes, and the score of 16/20 was given.

Funding from the Australian Government through two community grants was received to conduct the BYHP during the research timeframe. A funding budget of AUD\$20 per participant per class was allocated to purchasing the ingredients. Each participant prepared and cooked a healthy meal for four people, which they then took home to share with their family. The recipes used in the classes were simple and nutritious and only called for ingredients that were readily available and reasonably priced. A portion of the funding was used to purchase cooking equipment, utensils and consumables for the classes. Special consideration was given to the purchase of these items as a way of modelling how families on low incomes could prepare and cook a healthy meal without the use of expensive kitchen appliances (Foley, et al., 2011; Abbott, et al., 2012). At each class there was provision for 10 cooking stations with each station having its own equipment and utensils.

Participants

Purposive sampling is a common technique in Aboriginal research (Jalla & Hayden, 2014), and was undertaken in this research to facilitate a wide representation in age within the two kinship groups in the region. Initially the participants were invited by the RA; however through word-of-mouth other women expressed an interest in participation and were also recruited. Inclusion criterion for the study was women of Aboriginal descent, aged 18 years and over and residing in the Peel Shire. In total there were 17 participants aged between 18 and 61 years from the two kinship groups recruited for the BYHP that consented to take part in the research. Purposive sampling is useful when studying a particular Indigenous cultural domain (Tongco, 2007; Rae, et al., 2013; Wong, et al., 2013) as it acknowledges the Elders as being the custodians of the local kaartdijin regarding the protocols for who may be approached.

All participants were from the main town and one smaller town of a Shire situated in the Peel region of south west WA. The Shire has a total area of 808 km² with

a total number of 87 Indigenous females aged between 18 and 65 years recorded from a population survey conducted in 2011 (ABS, 2013a). Cooking and nutrition class attendance by study participants varied with approximately 29% (n=5) attending between 15 – 24 classes, and approximately 47% (n=8) attending between 5 – 14 classes and approximately 23% (n=4) attending 4 classes or less. Whilst the study program was designed for the women of the community, attendance and participation of other family members and children was accommodated to increase engagement, participation and learning within the community (Dudgeon & Ugle, K. (2010), particularly as inclusion is recognised as being culturally important (Barnett & Kendall, 2011). As a result five family members and children who were not study participants also attended a total of 21 classes; however these attendees did not participate in the yarning groups or individual yarning.

Data Collection and Analysis

The MTWW framework guided the processes of participant observation, direct observation, photography, yarning groups, individual yarning (interviews), and a narrative art project, which were conducted to gather research data throughout the duration of the study. Research processes were discussed when consent was obtained from the participants at the commencement of the research, however this was covered again prior to each yarning session, because Aboriginal people need repeated opportunity and time to discuss and reconsider consent processes (Russell, et al., 2005). 'Yarning' is recognised by Aboriginal people as a way to talk about specific issues, topics of interest or to share information and as a legitimate research method to gather data (Bessarab, 2012).

The four yarning groups were conducted by CN and K-AK-S and were informal and inclusive and lasted between 1-1½ hours. They were held during the last weeks of the four school terms at the community centre, during the research timeframe and were

attended by between five and eight participants. Participants' median ages for each group session were 41, 34, 43, and 41 years respectively. Six individual yarning sessions were also conducted within a month of the research completion by the first author. A total of eight participants who had been regular attendees to all or most of the BYHP components were invited. The age ranges of the six participants were 61, 35, 30, 25, 31 and 31 years respectively. The consent processes were conducted by K-AK-S and each participant received a grocery gift voucher valued at AUD\$40, for volunteering their time and effort (AIATSIS, 2012). The individual yarning sessions lasted between 1-1½ hours and were conducted in a place selected by the participants to provide a 'sense of place' (Barnett & Kendall, 2011).

The yarning sessions were audio recorded and utilised four yarning techniques (Bessarab & Ng'andu, 2010). In the first instance 'story telling' engaged the participant and researcher(s) in 'social yarning', which then paved the way for the purposeful phases of 'research topic yarning', 'collaborative yarning' and 'therapeutic yarning'. Research topic yarning was guided by semi structured questions and related to the participants' experiences of the cooking and nutrition classes and the collaborative yarning enabled the group to explore new concepts and ideas. Therapeutic yarning took place when a participant's story was personal and the group (or CN) supported her by listening and acknowledging her voice (^bNilson, et al., UR).

Participant observation and direct observation were conducted by CN with the aim of experiencing and observing the events in the same manner in which the participants also experienced these events. Personal Diary Notes [PDN] were also audio recorded by CN during the course of the fieldwork and the study timeframe allowed for development of strong relationships with the participants as this is integral to robust data collection in the Aboriginal paradigm (Dudgeon, et al., 2010b).

Using the computer-based program, Artichoke™ (Fetherston, 2013) interpretative analysis was implemented (Thorne, et al., 2004). CN, K-AK-S, and a women Elder who mentored CN throughout the research conducted the initial analysis, which was repeatedly reviewed at all stages by the third and four authors (Nilson, et al., UR). Initial analysis involved systematically working through the coding schemas and differences were highlighted and discussed and the coding adjusted as necessary (Nilson, et al., UR). The PDNs were analysed alongside the other recorded data and enabled triangulation of the data to increase rigor (Ritchie & Spencer, 1994). Thematic analysis development occurred using interpretative coding and descriptive coding of the data and by using three points of reference (recurrence, forcefulness and repetition) (King & Horrocks, 2010) seven major themes emerged.

Findings

Seven major themes and subthemes derived from the data analysis are detailed in Table 6. Findings are presented under the theme headings and verbatim quotes from the yarning sessions and the individual interviews are included as supporting evidence. Each verbatim quote is referenced using the participant codes (CP1, CP2 and so on). Additional supporting evidence in the form of excerpts of the first author's PDN are also included.

Table 6 Cooking and nutrition component themes and sub-themes derived from the interpretative analysis of the data

Major Themes	Sub-Themes
Experiences of overwhelming loss	<p>Loss of access to traditional food due to geographical displacement.</p> <p>Loss of traditional roles and lifestyles resulting in a decline in health.</p> <p>Displacement leading to loss of traditional dietary knowledge and cultural food practices.</p>
Acknowledging collective shame	<p>Shame due to difficulties and confusion in understanding Western concepts of healthy eating.</p> <p>Withdrawal from accessing services due to shame and confusion.</p> <p>Shame caused by social inequity and racism.</p> <p>Confusion resulting from misleading nutrition advertising</p>
Change is too hard	<p>Budget constraints impacting on the purchase of healthy food options.</p> <p>Family pressure for preferred energy dense foods.</p> <p>Large family numbers requiring quantity rather than quality.</p> <p>Convenience, price and easy access of fast foods impacting on change.</p> <p>Personal attitudes and habits towards healthy food choices impeding change.</p> <p>Barrage of fast food advertising leading to purchasing pressure.</p>
Crippled by lack of resources, mistrust, and tensions	<p>Lack of transportation options and family responsibilities limiting attendance.</p> <p>Community and family tensions influencing involvement in the program activities.</p> <p>Feelings of mistrust and fear of program disruption and discontinuation.</p>
Community control empowering individuals through engagement	<p>Having a sense of purpose through program involvement.</p> <p>Relationship development and a sense of inclusion and belonging through the program.</p> <p>Empowerment through regaining the role of “women’s work”.</p> <p>Engaging in change supported and encouraged by others.</p>
Learning for life purpose	<p>Understanding nutritional values and applying new knowledge to food planning and purchasing.</p> <p>Gaining confidence and developing self-esteem in food preparation and cooking accomplishments.</p> <p>Feeling empowered when sharing prepared food with family.</p> <p>Pride as knowledge is passed on to children and family.</p>
Planning for community determination	<p>Developing and maintaining partnerships.</p> <p>Building on community strengths.</p> <p>Increasing community opportunity with skills training and employment.</p>

Experiences of Overwhelming Loss

The women Elders who attended the BYHP cooking and nutrition classes considered that historical factors had contributed to the current disease burden experienced by Aboriginal people. They suggested that when they could no longer access their usual traditional foods because of displacement from traditional land their health and wellness began to decline. They also considered that the loss of the hunter-gatherer roles resulted in the loss of traditional nutritional knowledge transfer of sourcing and accessing food. The loss of cultural food practices and traditions was also considered significant.

Us Nyungars aren't made to eat this kind of food (western food). Our bodies need bush tucker (traditional food) to be healthy. When our mob (Aboriginal family / community group) lived in our camps it was good. I remember my grandparents; ninety something when they died. My parents died younger and now others are dying younger and younger (CP1).

When we looked for food in the bush we were walking and running all the time. In the reserves men couldn't hunt and yorgas couldn't go looking for tucker. There was nothing to do. They forgot how to do it. It wasn't passed on. It's gone. We had damper (bread made with refined flour, salt, sugar and water) and salted meat from welfare. People started to get sick on the reserve; blood pressure, sugar problems, heart problems, kidney trouble (CP8).

I used to watch when a kangaroo was brought back from hunting and when it was gutted I would run in and take the kidneys and throw them in the fire. The sad thing is that my grannies (grandchildren) have never eaten bush tucker. Even beliefs don't get used anymore. My family's totem is the long necked turtle.

When someone died we didn't eat it for a certain time; out of respect. This was our culture (CP1).

Acknowledging Collective Shame

The participants expressed that prior to the BYHP they had wanted to make healthy changes to their diet, but they had felt that accessing information about healthy eating was difficult. They discussed the constraints and stressors in information acquisition on two levels. First on a level of social inequity, where accessing the main stream services was difficult for Aboriginal people from a cultural perspective of "shame" (embarrassment), which affected attributes reflective of self-confidence, self-esteem and self-efficacy (Louth, 2012). Second from the unwanted stress of experiencing discrimination and behavioural racism thus withdrawing from or choosing not to access available resources.

I want to know more about eating healthy for the family and kids too. You got to go to the health centre and sometimes it's too much stuff that's difficult to understand and I feel shame and I leave and don't go back (CP5).

If you ask if there is somewhere to go to get information (healthy eating), you feel like they look at you. "Why do you want to know that?" Shame; no good (CP10).

Behavioural racism and verbal racism is characterised by actions of patronization, ignoring, avoiding, harassment, and hurtful remarks, and deliberate direct and intimidating comments (Mellor, 2003). These actions were evidenced by an experience observed by CN while the BYHP cooking and nutrition group were taking part in an education activity during a supermarket tour, and then recorded as a PDN:

I had arranged a supermarket tour so that we could do an activity looking at price per kilo. Permission was given by the supermarket manager and the

group was really keen and excited. As we were moving up one of the isles a white woman pushing her trolley stopped and looked at the group and then said to me "why do you have to bring them here into the supermarket; you could have done this in a classroom where it wouldn't bother everyone else" I was flabbergasted. The look of embarrassment on the faces of the women in the group was so distressing. I quickly recovered and as politely as I could I invited the white woman to join the activity suggesting she might also gain something from it too. I have never been so angry and ashamed for the blatant racism from a fellow white woman (PDN - November 19, 2012).

Misleading and false nutrition advertising on food packaging as well as the barrage of food related advertising on television was considered to negatively influence the participants' food purchasing decisions.

It's so confusing; one box says low sugar and salt and other things like that. Now I know I check (labels) for what's in it. Before I didn't know and I thought I was doing the right thing (CP3).

Sometimes you don't know about if it's (food) good or bad and you can't tell when the TV ads say it's good; you believe them (CP6).

Change is Too Hard

Participants highlighted financial hardship and providing food for large numbers as being major barriers to eating healthy food. The high prices of foods such as legumes, fruit and vegetables were considered inhibitive and when selecting food the first consideration was cost. Further, the additional expense of utility services was considered an additional barrier.

Getting food is OK, it's the cost that's the problem. It seems like all my money goes on food. I have other bills too (utility) and it costs to cook at home (CP6).

I have so many people to feed and I need to fill them. It has to go far. Pasta and sauces; things like that, they're filling and cheap. Sometimes it's easier to get fish and chips and stuff like that; all the mob (family group) like it and fills them up (CP10).

Attitudes and habits around food were also acknowledged as barriers by the participants. There was consensus that the preference for the energy dense foods was difficult to overcome. Feelings of frustration and disappointment were described in acknowledging this barrier. The accessibility of ready-made and fast food and the enjoyment and temptation of it was considered another barrier. However, feelings of guilt and transgression were discussed as a negative impact of this practice.

You give it (healthy food) to them and they all start. We don't like that. Then only some will eat it and others won't. I want them to start eating healthy and it's frustrating and disappointing (CP10).

When we've just finished sport and it's late, it's so easy to get takeaway. It's cooked; it's quick and saves all the hassle (CP2).

I feel guilty about eating takeaway, but it's so good. Why do they make it so yummy? (CP1).

The participants also felt that the barrage of fast food advertising pressurised them into buying less healthy foods for their families.

There are (fast food) ads on the television all the time. The children are at me and at me. Then they won't eat anything else (CP6).

Crippled by Lack of Resources, Mistrust, and Tensions

The participants perceived the lack of transport to be a major barrier for those who lived outside of the town where the program was conducted. The cost of fuel and

limited bus services reduced the possibility of participation for others. Additional child caring responsibilities burdening grandmothers and aunts was a further perceived barrier to participation.

Transport's the problem. If I could collect them I would but petrol is expensive.

The bus service but it doesn't go everywhere. It would be good if others came.

We will have to think about this when the centre is ready (CP2).

Looking after grannies; there's no free time and it's hard with no car for everyone (CP8).

Family and community tensions (Eversole, 2003) were also considered a barrier to participation. However, participants acknowledged that in order to journey towards positive and desirable resolutions, negotiation between all parties was essential. Furthermore, it was considered that when situations arose that were undesirable or counterproductive for the greater good of the community, the use of policies and procedures to manage the issues were preferable to feuding. In addition, fear of disappointment and feelings of unease and mistrust in the organisational processes of the BYHP were also considered to be an initial possible barrier.

It takes time for people to feel comfortable. A lot of things have been talked about or started and then nothing happens. They wait to see if it's going to be OK (CP1).

Community Control Empowering Individuals Through Engagement

Having community control over the BYHP cooking and nutrition classes was seen as an important factor for promoting community health. Participants considered that community control increased participation and inclusion. In addition, they felt that taking an active role in the structure and delivery of the classes encouraged and motivated them to promote healthy eating to their families and others in the community.

The cooking program is ours we can make sure that it's what we need. If it isn't going to work for us and help us then no one will use it. Something like this has to think about everyone and how they feel and make everyone feel good when they come so that they can learn about being healthy (CP3).

Being involved in the whole thing makes me feel good about what it's all about.

You want to eat well and feel good and tell everyone too (CP6).

Relationship development, a sense of inclusion, and a sense of purpose were common threads expressed by all the women. These feelings were discussed as a collective connection with the new knowledge and the development of a common link to the topic of healthy cooking and nutrition.

We all come together and we know it's going to be for a good reason. We come and learn new things about healthy food and we are learning together. That's good for all of us because if we all learn, it will be good for everyone (CP6).

It's really good because I get up and know I've got cooking on. It's good to be meeting up with everyone, having a laugh and making something healthy (CP4).

The support of the Elders and leaders in the development and structure of the BYHP cooking and nutrition classes was important to the participants because they felt comfortable and safe in the environment. They felt that the classes were conducted in a relaxed and informal way which acknowledged the Aboriginal ways of doing and being. Being able to bring their children was also important because it made it possible for some to attend.

If I feel shame going to a place then I won't go. But here it's good because (names of the Elder and leaders) are here. I can bring the kids and it's OK. I

like the way we just talk about the food as we cook. It's easy to understand when we all just ask questions and everyone feels relaxed (CP 11).

Connected to a sense of purpose was the sense that women had regained their roles of "women's work". They felt that coming together to cook and learn about nutrition had rekindled a sense of responsibility for that role. Although women were already mostly responsible for food work it was usually a role that was burdensome because of financial restraint, family preferences, and number pressures. However, with new knowledge and skills they felt liberated to take more control of family food. Further, the participants acknowledged that women's work was connected to passing down food knowledge to children and that changes to unhealthy practices were important for the health of future generations.

I think; Oh no, what can we have? I don't have the money and I have to feed so many and some like this and others like that. But the cooking has made me stronger to know what to cook. I think about what I'll do and I make it. The kids ask to help and it's important for the children to know for their future (CP1).

In her role as facilitator of the cooking and nutrition classes and as a direct observer, CN also noticed the participant's adaptation and recognition of their responsibilities in the women's work role.

As the women's nutritional knowledge increases and as their cooking skills improve I can definitely feel that there is a shift in their attitudes towards their responsibilities to provide healthy meals. When we discuss what we should cook at the next class they are thinking more about the nutritional value of the dish rather than just the taste. They discuss adding more vegetables and herbs to add flavour rather than sauces, salt and butter (PDN – March 5, 2013).

Learning for Life Purpose

The participant's suggested that the BYHP cooking and nutrition classes had boosted their confidence and self-esteem, and their nutrition knowledge and food planning, purchasing, and cooking skills.

Food on the cooking shows are so fancy and sometimes I don't even know what it is. I thought all cooking had to look like that you know. Learning here has been good and I get really pleased when I made a dish in cooking and how the dish looks so good (CP7).

I didn't know before that most of my favourite foods had so much fat, and salt and sugar in them. Learning about the labels has made a difference. I always look at the labels now and if it's too high in those things I look for something else (CP1).

Learning to cook meals that are healthy and simple makes it easy to buy. Some of the tricks, like draining the fat from the mince and using basmati rice; those sorts of things are really good (CP9).

All of the participants considered that they had learned new cooking skills and some had learned cooking skills for the first time, reporting that they had never had the need or the opportunity to cook before. The development of confidence in their abilities and the development of attributes reflecting increased self-esteem were noted by the (First author abbreviation) in a PDN:

I wasn't able to stay for the cooking class yesterday, so I helped the women set up and we went through the ingredients and the method on the recipe sheet. They were a little apprehensive and anxious to be left, so I was thrilled to

receive a text message from K-AK-S to say that they had all done really well

(PDN – March 13, 2013):

Hi, just wanted to tell you that the food we made yesterday came out beautiful, it was lovely and refreshing. Everybody did really well, but they kept asking me things. I'm like "help me!", but everyone's turned out good and no mess with the yogurt which was good (RA, author abbreviation, Personal Communication, 2013)

Other skills and knowledge that the participants valued were using more vegetables, learning alternate cooking methods to frying and safe food preparation. However, the participants thought that the most valued skills and knowledge were learning that cooking healthy food did not need to be overly expensive or complicated to prepare.

I always thought that it was too expensive to eat healthy. When we did the supermarket trip and looked at prices it works out cheaper (CP3).

The food is simple and tastes OK. Not difficult. I always want to cook like this (CP6).

The practical application of BYHP cooking and nutrition classes where all food was prepared and cooked from scratch was suited to the participants' contextual learning styles. Participants considered that the classes gave them an opportunity to experiment with new recipes and a variety of different vegetables and other ingredients and to trial the recipe with their families without the financial pressure of waste. Using basic kitchen appliances in the cooking classes was an important consideration because most Aboriginal households are not equipped with expensive kitchen gadgets.

When we don't have the fancy things (kitchen utensils and appliances) the meals need to be easy. I like that we don't use fancy things here because it shows us how to do it at home (CP10).

In conducting fieldwork CN noted that the weekly recipe sheets were seldom taken home after the classes, however, she often received a telephone text message requesting specific recipes. In a yarnning group discussion the topic was raised and there were varied responses.

Aboriginal people are not good with paper work. In the old days we didn't use things like recipes. The animal was cooked on the fire with other bush tucker and that was how it was done. No one cup of this, 1/2 teaspoon of this. Paper recipes weren't tradition. We didn't know about them (CP1).

I haven't been used to using them. Probably because the recipe is always on the packet (laughs). I think as we cook more and get better we'll use them more (CP3).

The participants consistently decided on simple main meal dishes, which were based on meeting family preferences and needs. The participants felt that when meals were approved of by the family then the recipe was worth making note of to accommodate repeat requests. The participants acknowledged feeling more confident to openly discuss their new knowledge and skills with the family when they appreciated the meal and it gave them more confidence to negotiate further meal choices. They also reported that preparing meals that the family enjoyed had resulted in a reduction of fast food purchases.

We only have takeaway maybe two times a week now. We are making changes. I even give the kids healthy recess now. Cut up vegies and fruit and they like it (CP1).

It's good when everyone likes the food. I feel good about telling them about what's in it and how healthy it is. I'm more positive because I can talk to them about the food and we talk about what we'll have next (CP3).

Planning for Community Determination

The participants considered that maintaining partnerships with funding and health organisations would enable sustainability of the nutrition and cooking program and increase opportunity for training and skills development, and build on community strengths. These issues were discussed when asked about the ways in which the BYHP cooking and nutrition classes could lead to sustained community development.

Things like this take time and happens slowly. That's why it's good that the cooking has gone on. Keeping our contacts with Greening Australia and Foodbank will keep the programs going. When the centre is finished (local Aboriginal Community Centre) we will have our own kitchen; a community kitchen for people to use. They can use the veggies too. We can have someone from the community doing a course or something and run the women's classes and the kid's classes too and look after the veggies (community vegetable garden) full time (CP2).

Discussion

The Elders considered that historical factors leading to loss of traditional food knowledge (types, seasonal availability, sources) and skills (hunting and gathering, cooking) had impacted on their current health status. With the relocation away from their land hunting and gathering roles changed and traditional food knowledge was no longer passed down through the generations. This resulted in an imbalance between parents having an opportunity to pass down the generational depth of traditional food knowledge and disempowerment with the lack of knowledge regarding the new food system (Brimblecombe, et al., 2013a). The cooking and nutrition classes were structured

with the aim of developing the participants' knowledge and skills of the new food system to use the intake recommendations of the different food groups to maintain good health. Further, the historical factors of segregation, protection and assimilation of Australian Aboriginal peoples also impacted on their feelings of safety and security (AIHW, 2011; Dudgeon & Ugle, 2010), thus the setting, processes and practices of the cooking classes were monitored by the Elders and leaders to ensure adherence to the principles of cultural security (MAC & WHGNE, 2008).

The structure and activities of the cooking and nutrition classes assisted in overcoming constraints such as shame and racism highlighted in the findings, specifically through the provision of support, which involved reflexive practice, non-judgemental attitudes, listening, asking and sharing. Importantly, the intervention allowed for the participant's to share stories which were witnessed by the others. Having their story witnessed by others was a form of acknowledgement of their experiences to both themselves and the others and the processes involved in witnessing and acknowledging can be empowering (Barton, 2004; Gorman & Toombs, 2009).

The internal environment of the cooking and nutrition classes were socially comfortable and supportive, culturally safe, and acknowledged the contextual learning styles of the participants, which was conducive to learning and enabling lifestyle change in the Bindjareb women. These findings are supported by recent research, which also recommends approaches that are non-authoritarian and non-judgemental and that foster open discussion (Barnett & Kendall, 2011; Dudgeon & Ugle, 2010; Foley, 2010; Foley, et al., 2011; Kendall, et al., 2011). By encouraging open discussion the participants could discuss challenges that they experienced regarding food work, and it provided an insight into community life and experiences, so that advice during the cooking and nutrition classes could be given based on contextual experience (Foley, et al., 2011). The result of other's research suggests that an Indigenous frame of reference for a

community health evidence base can emerge in this way (Foley, 2010; McEwan, Tsey and The Empowerment Research Team, 2008).

Making a meal to take home for the family reconnected food work to the woman's role of being responsible for family health and wellbeing, resulting in evidence of self-efficacy related to an increase in women's confidence to advocate for healthier meal options (Bandura, 1977; Foley, 2010; McEwan, et al., 2008). This was further enhanced by incorporating hands-on cooking skills and nutrition education into the BYHP cooking and nutrition classes. Self-efficacy relates to perceptions of goal achievement and also impacts on perceived levels of self-esteem and self-confidence (Bandura, 1977). Importantly, self-efficacy is considered the most important precursor to behaviour change (Bandura, 1977). In addition, by taking their meals home, they included the family unit into the food work processes providing the family an opportunity to sample new and healthier food and to discuss important factors, such as cost, preferences, dietary patterns, and habits (Brimblecombe, 2013; Brimblecombe, 2013a; Brimblecombe, 2014; Darnton-Hill, et al., 2004; Harrison, et al., 2010; Silke, et al., 2003) that had the potential to influence dietary change, which is important in the prevention of nutrition-related disease (Cooper & Begley, 2011; Foley, 2010; Thompson, et al., 2000).

Compared to other countries of the world, Australia is classified as 'food secure' (Browne, et al., 2009). However, others' research concurred with this study's findings, reporting that when consulting with urban Aboriginal communities across all states and territories of Australia, the dominant theme was high prices for healthy food (Brimblecombe, 2013; Brimblecombe, 2013a; Cooper & Begley, 2011; Kettings, Sinclair & Voevodin 2009). This current study found that developing nutrition knowledge and skills to make suitable healthy food choices, facilitating the understanding for the use of basic kitchen appliances, and increasing skills in planning,

purchasing and preparing food, aligned with some of the points within the three key components identified to ensure food security (Browne, et al., 2009; Rosier, 2011).

Thus, in this context the newly learned skills enabled the participants to overcome contextual issues that were potentially influencing their thinking and behaviour and that were forestalling their intentions to become proactive and self-determined in their well-being (Ryan & Deci, 2000). Research in the Aboriginal context relating to the development of health literacy suggests that individuals who experience increased self-efficacy and competence, autonomy (identified relevance to personal needs), and feel relatedness (behaviours modelled, valued or prompted by significant others), are more likely to be self-determined in relation to their health (Ryan & Deci, 2000, Keleher & Hagger, 2007; Tsey, 1997).

This study also identified potential barriers to successful development of community empowerment and governance through the ongoing effects of local family tensions and community mistrust of outside individuals, groups and or organisations (Bishop, 2002; Chataway, 2002; Eversole, 2003; Gooda, 2011, 2011a; Laverack, 2006; Tsey, et al., 2007; Tsey, et al., 2010). The term used to describe tensions experienced within Indigenous community's is lateral violence (Gooda, 2011), and within communities lie complex social relationships which impact on people's access to resources and either discourage or welcome participation (Eversole, 2003). Indigenous peoples' mistrust of outsiders has occurred from colonising powers undermining community and cultural capacity over the centuries, leading to powerlessness (Gooda, 2011). The participants acknowledged that to ensure the ongoing sustainability of the BYHP it is necessary to continue to engage in culturally competent partnership support (Gooda, 2011; Thorne, et al., 2004) to assist the direction of change and reinstate community governance by recognizing and understanding the patterns of community mistrust, and interfamily and intrafamily lateral violence, and to encourage many

different voices to contribute to discussion and acknowledge in detail the complex social structures in which change can be conceived and implemented (Bishop, 2002; Chataway, 2002; Eversole, 2003; Gooda, 2011, 2011a).

The future directions of the community are focused on continued partnerships and resource development aimed at strengthening leadership and management; initiating training and skills opportunities and increasing community engagement and participation (Hunt, 2013; Laverack, 2006; MAC & WHGNE, 2008, Tsey, et al., 2007; Tsey, et al., 20010). This directly relates to the study aim of encouraging community ownership of ongoing change in healthy lifestyle habits and links with the Aboriginal health promotion principle of empowerment which is integral to the MTWW framework (MAC & WHGNE, 2008). It must be noted that the cooking and nutrition classes have relocated to the newly renovated Aboriginal community centre located on the outskirts of the town, following its opening in September 2014 and they have extended beyond the study timeframe with the support of partner organisations and continue to operate on a fortnightly basis during the school terms (Appendix AA, 1). This is evidence of the community's desire for sustainability of the program and is in line with the principles of health promotion initiatives in Aboriginal communities highlighted in the MTWW framework (MAC & WHGNE, 2008). Further, prompted by her participation in the BYHP cooking and nutrition classes one of the participants is currently enrolled in a certificate course in nutrition and dietetics (Appendix X).

Limitations and Recommendations

The ideal, well-diversified sample for this study was hard to achieve as the population to draw from was small and issues such as transport difficulties, hampered participation of those living away from the main town. As the sample for this study could only be drawn from the two Bindjareb kinship groups in the main town and one other, it was attenuated by circumstance.

A strength of the BYHP was that it was community owned and developed and directly responded to the women Elders and leaders requests and needs and enabled them to set their own research agenda and ensure that the research methods were protective to the rights of the people (Clapham, 2011; Cochrane, et al., 2008; Couzos, et al., 2005; MAC & WHGNE, 2008). However, there were some acknowledged limitations in the measures of the data. It is recommended that future longitudinal observation is conducted to collect data on actual dietary intake and to explore the impact and influences that family members have on dietary change.

The applicability of the study method, the health promotion program structure and content, and the processes of delivery to other Aboriginal urban, regional and rural communities need to be determined. Therefore, it is suggested that the principles generated from the findings of this study be considered as a guide in the design and implementation of cooking and nutrition programs in similar community settings.

Conclusion

To the authors' knowledge, this study is the first to examine the outcomes of a cooking and nutrition program that is a component of a larger health promotion initiative, which is community designed, owned and delivered, in a regional setting in WA. The importance of understanding the relationship between the colonization processes, and segregation, protection and assimilation policies, and the current nutritional status of Aboriginal people was identified in this study. Acknowledging the impact that historical factors have on the social and contextual constructs of Aboriginal people today, was found to be an essential contributor to designing and structuring the BYHP nutrition and cooking classes to ensure that they were culturally appropriate and sustainable (MAC & WHGNE, 2008).

This study has identified that providing participants with the opportunity to make a meal to take home to their family has positive effects. On an individual level,

this has impacted on the development of a range of skills for healthy home cooking, but more importantly has impacted on the development of self-efficacy and confidence, and has empowered the participants to negotiate and advocate for healthy family food changes. On a community level, it has encouraged community action for change by providing an opportunity for participant's to voice their experiences, challenges, interests and aspirations, and thus, to develop a frame of reference for their community's health evidence base.

The findings of this study have identified that genuine long-term engagement was successful. This constitutes building sustained relationships of trust and respect, sharing accountability and responsibility for program aims, management and activities with sustained partnerships, and long-term engagement processes that aim to build community capacity and empowerment through training and skills development (Hunt, 2013; MAC & WHGNE, 2008).



Group Photographs 4 Photographs of the cooking and nutrition classes conducted at the community building on the grounds of the local primary school.



Group Photographs 5 Photographs of the cooking classes conducted at the MDAA Centre (prior to refurbishment).

**An Ethnographic Action Research Approach to Investigate the Experiences of
Aboriginal Women Participating in the Group Fitness and Walking Component of
a Community Owned Health Promotion Program**

The following is a modified version of the article under review:

^aNilson, C., Kearing, S. Fetherston, C., & Morrison, P. (Under Review). An ethnographic action research approach to investigate the experiences of Aboriginal women participating in the group fitness and walking component of a health promotion program. *Health Education and Behaviour*. Manuscript reference number: HEB-15-0446 (October 19, 2015) (Appendix D).

Introduction

While disease is influenced by many factors, physical inactivity is a significant risk factor for cardiovascular disease, cancer and diabetes among Indigenous peoples in the global context (Coble & Rhodes, 2006; Gray, et al., 2013; Young & Katzmarzyk, 2007). Physical inactivity accounted for 8.4% of the overall disease burden in *Aboriginal* and Torres Strait Islander (Indigenous) peoples in Australia in 2003 (Gray, et al., 2013). In the latest Australian Aboriginal and Torres Strait Islander Health Survey (2012-2013), 61% of people aged 18 years and older reported low levels of activity, with 47% did not meet the National Physical Activity Guidelines target of 30 minutes of moderate level exercise on most days (ABS, 2013).

In the context of the Australian Indigenous model of health that encompasses a whole of life approach, including social and emotional wellbeing (Lock, 2007), there is a link between physical activity, sport, and physical recreation, and traditional culture (Thompson, Chenhall & Brimblecombe, 2013; Ware & Meredith, 2013). Activities such as hunting, fishing, dancing and gathering were all vital customary activities that were interwoven into the fabric of daily life and were integral to understanding Indigenous cultural ways (Nelson, Abbott & Macdonald, 2010; Thompson, et al., 2013).

Aboriginal peoples' contemporary values continue to have these historical cultural roots (Thompson, et al., 2000; Thompson, et al., 2013) and thus, physical activities have the potential to mobilise Indigenous individuals and communities to make changes to improve their health and wellbeing (Ware & Meredith, 2013). Responding to this, women Elders and leaders from an Aboriginal Association (MDAA) in south west Western Australia [WA], collaborated with health professional researchers to design, develop and implement a community owned health promotion program, to address their perceived concerns of their community's health issues. The partnership approach used in this research initiative ensured that the community became active participants, which maximised the research benefits for the people involved (Bainbridge, et al., 2015).

Background

The collaboration resulted in the community developed and owned Bindjareb Yorgas Health Program (BYHP) research initiative, which was specifically developed for the women of the community and comprised cooking and nutrition classes (Nilson, et al., 2015), group fitness [GF] classes and a walking group (WG), health yarning sessions (^bNilson, et al., UR), and a community vegetable garden project (^dNilson, et al., UR). The collaborative partnership between Caroline Nilson [CN], and the MDAA began prior to the development of the BYHP, where 'Auntie Caroline' facilitated a Bindjareb children's cooking program. Being referred to as 'auntie' by the community's children is a sign of respect (Butcher, 2008) and reflects the establishment of a trusting respectful relationship, integral to the processes and practices in Indigenous research (Smith, 2005). To further support the development of trusting relationships between CN and the research community a women Elder was nominated to mentor CN (Dudgeon, et al., 2010b). The group fitness component and walking group was included into the BYHP because it was considered an important opportunity for yorgas to come together as a cultural group (Nelson, 2009), and learn about the importance of exercise to

maintain health and wellbeing (Nelson, 2009). CN coordinated the GF classes and the WG sessions together with a yorga leader, Sharree Kearing [SK].

This article reports on the findings of the GF sessions and the WG only. The data from the cooking and nutrition, vegetable garden project and the yarning session components of the BYHP have been analysed separately and the findings have been or will be reported elsewhere (Nilson, et al., 2015; ^bNilson, et al., UR; ^dNilson, et al., UR). In addition, the research methods for the initiative will be reported elsewhere (^cNilson, et al., UR), however to provide context for the reader an overview is provided here.

Methods

Study Design and Aims

The study used a naturalistic interpretative design (Thorne, et al., 2004), which underpinned the ethnographic action research approach [EAR] (Tacchi, et al., 2003) that combines ethnography, action research and participatory techniques. The EAR approach was guided by the Making Two Worlds Work [MTWW] framework (MAC & WHGNE, 2008), that is grounded in the Aboriginal concepts of health promotion which considers the 'whole-of-life approach' to well-being. With its foundation based on empowerment, the MTWW was used to guide the development of the BYHP and the research processes, and ethics approval for the study was granted by the Australian Government through the Swap-It-Don't-Stop-It campaign, and the Australian Government through the Ngulluk Koolbaang community grant program, and the study was registered with Australian & New Zealand Clinical Trials Registry

Prior to the yorgas participating in the GF classes they were required to consent to undertake an Adult Pre-exercise Screening System [APSS] as recommended by Exercise and Sports Science Australia, Fitness Australia and Sports Medicine Australia (2012). These were performed by CN and it was agreed that if a participant was identified to have a physical irregularity through the PPS, she would be referred to a

General Practitioner [GP] for review and clearance to participate. There were three participants who were under GP care for hypertension and were taking prescribed medication for their conditions, and CN recommended that they be reviewed by the GP before commencing the program. The GF classes were coordinated by CN and SK, a community yorga leader and second author. Funding through two community grants was received to conduct the BYHP.

A funding budget was allocated to pay for the services of a Zumba® (dance fitness program) instructor and personal trainer to conduct the GF classes and consult and advise the yorga participants on issues of exercise and health and wellbeing. The study's pilot project was conducted between September 2012 and December 2012 and during this time a total of 12 Zumba® GF classes were conducted weekly for one hour during the school terms in a community building on the grounds of the local primary school. During the main research project from February 2013 to September 2013 a further 12 Zumba® GF classes were conducted and concluded at the end of May 2013. A partnership was established with Nyoongar Wellbeing & Sports, a government supported organisation, to conduct an additional nine GF classes that incorporated boxercise and circuit training. These classes commenced at the beginning of May 2013 and concluded in July 2013 and were also conducted for an hour on a weekly basis at the community building during the school terms.

In total there were 24 WG sessions, which were also held on a weekly basis during the school terms through the pilot and main research timeframe. Each WG participant was given a pedometer and instruction on its use. Following the study's community advisory group [CAG] instructions, neither the APSS biometric data nor any pedometer data were collected for the purposes of the research. The CAG considered that this sort of data was beyond the impact priorities for the community, and had the potential to negatively affect the yorgas participation (Bainbridge, et al., 2015; Thompson, 2010).

The two main walking routes selected by the yorgas were the paths along the river, which meandered through the main town in the research setting, and the paths on traditional land within an 8.2 hectare property leased to the MDAA by the Aboriginals Land Trust (Government of WA, Department of Aboriginal Affairs). The paths on the MDAA property were mapped out by the community Elders and constructed with funding from The Department of Parks and Wildlife (Government of WA), a partner organisation that was collaborating with the MDAA on a joint conservation and land management project.

The research team used the MTWW framework checklist to determine if appropriate consideration was given to each concept in the planning and delivery of the GF and WG component. The aims and the education and activity schedule of the GF classes and the WG sessions, and their relation to the checklist of the MTWW framework (Box 1, p. 58) are presented in Table 7.

Table 7 Mapping the group fitness and walking activity of the component of the BYHP onto the concepts of the MTWW framework

Aims of the Physical Activity Component	Education and Skills Delivery of the Physical Activity Component	*MTWW Framework Checklist Score
Develop new skills and knowledge regarding the implementation and importance of regular exercise to maintain personal and family wellbeing.	<p>Personnel: Personal trainers and or component Coordinators</p> <p>Evidence resources: Australia's Physical Activity & Sedentary Behaviour Guidelines for Adults (18-64 years); Heart Foundation - Blueprint for an Active Australia.</p> <p>Screening: Sports Medicine Australia, Pre-exercise Screening System [PSS], (2005)</p> <p>Physical activity education topics: Personal safety considerations; stretching and flexibility instruction; personal trainer consultation and instruction and guided group fitness work outs.</p> <p>Skills: Knowledge and skills development in correct motor skills techniques and safe practices. Knowledge and skills development in using a pedometer. Knowledge and skills in developing a personal activity plan.</p>	17/20
	<p>Considerations Required to Ensure Cultural Safety</p> <p>In the context of the definition of Williams, 1999: <i>"an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need"</i>(p.213).</p>	17/20
Provide a culturally safe environment and culturally appropriate activities to ensure participation in the physical activities.	<p>Personnel: Personal trainers and or component Coordinators</p> <p>Evidence resources: Aboriginal and Torres Strait Islander Cultural Practice Program - Communicating Effectively with Aboriginal and Torres Strait Islander people; Making Connections with Aboriginal Communities; Department of Education and Training, Western Australia - Engaging with Aboriginal People.</p> <p>Considerations: Location of the activities; times of the scheduled activities; equipment requirements for group fitness activities, safety, and comfort; inclusion of other community members.</p>	17/20

*The research team used the MTWW framework checklist (Box 1, p. 58) to determine if appropriate consideration was given to each concept in the planning and delivery of the physical activity component. The mean score rated by the research team was 17 out of the possible 20.

Participants

The 17 yorga participants for the study came from the main town and one other in the study setting and were members of the two Aboriginal kinship groups in the region. The recruitment and consent processes were overseen by a yorga leader appointed as research assistant [RA] together with community yorga Elders. Purposive sampling in this cultural domain was useful as Elders understood the necessary protocols for who should be approached (Tongco, 2007). Although the BYHP was designed for the yorgas of the community, participation by children and other family members was supported to increase community learning, engagement and participation (MAC & WHGNE, 2008) (see Group Photographs 6 (p. 136), 7 (p. 137), and 9 (p. 137). Yorga participant attendance at the 33 GF classes varied with approximately: 18% (n=3), who attended between 21 - 30 classes; 24% (n=4), who attended 11 - 20 classes; 53% (n=9), who attended between 1 - 10 classes; and 5% (n=1), who did not attend any classes. There were 11 children and family attendees to the 33 GF classes with 82% (n=9) attending between 7 - 9 classes and 18% (n=2) attending between 4 - 6 classes. Yorgas participation to the 24 WG sessions was also varied with approximately 29% (n=5) attending 13 - 22 sessions, 47% (n=8) attended 3 - 12 sessions, and 24% (n=4) did not attend any sessions. There were 12 children and family member attendees with 58% (n=7) attending 17 - 19 sessions, and 41% (n=5) attending 12 - 16 sessions.

Data Collection and Analysis

GF and WG data were gathered throughout the study timeframe and collection processes were guided by the MTWW framework and were in the form of yarning (focus) groups, individual yarning (interviews), photography, direct observation, participant observation, and a narrative art project (Nilson, et al., 2015a). Recruitment for the four yarning groups and six individual yarning sessions was conducted by the RA in consultation with the community Elders and all participants consented to the

yarning being audio recorded. Participant median ages for each of the yarning groups were 41, 34, 43, and 41 years respectively. The participant ages for the six individual yarning sessions were 61, 35, 31, 31, 30 and 25 years. The yarning groups were facilitated by CN and the RA and the individual yarning sessions were facilitated by CN alone. CN also audio recorded Personal Diary Notes [PDNs] during the course of the fieldwork, which were used in data triangulation (Ritchie & Spencer, 1994).

To support the interpretative analysis of the data, Artichoke™ (Fetherston, 2013) a computer-based program was used. A coding schema within Artichoke was established and CN, SK, and the RA together with the yorga Elder mentor conducted the analysis, which was checked regularly with Catherine Fetherston (3rd author) and Paul Morrison (4th author). As a process of checking back with the participants, the RA and the yorga Elder mentor collaborated with the participants. Using descriptive and interpretative coding thematic analysis development occurred (King & Horrocks, 2010), and four major themes occurred.

Findings

Four themes, each with subthemes derived from the data analysis, are detailed in Table 8. The discussion for each finding is presented under the major theme headings and verbatim participant quotes, referenced with unique codes (GF1, GF2 and or WG1, WG2, etc.), are provided as supporting evidence together with excerpts of CNs PDNs.

Table 8 Group fitness and walking group component themes and subthemes derived from the data analysis

Themes	Sub-themes
Loss of traditional knowledge and practices.	<p>Restrictions in accessing traditional land to practise an active traditional way of life.</p> <p>Geographic displacement to non-traditional land and not having the new knowledge (seasons, food sources, pathways of travel, natural resources) to maintain usual activities of daily living.</p> <p>A history of reserve living with boundaries, fences and signs to control mobility, leading to inactivity and sedentary ways.</p>
Withdrawal due to shame	<p>Experiencing the shame of social inequity and racism when accessing mainstream activity programs.</p> <p>Shame due to financial constraints in maintaining commitment to mainstream activity programs.</p>
Community facilitation enabling enjoyment through engagement	<p>Being active and wongie bullargar (talking together), yogow bullargar (being together), walgur bullargar (laughing together) without shame.</p> <p>Developing a sense of wangen (well-being) through engagement.</p> <p>Engagement developing a sense of purpose and commitment to self and one another.</p>
Experiencing a sense of place and reconnection to land and culture	<p>Feeling djerap-djerap (happy) and koord quabba (content) when activities are on ngalla maya ngalla boodjar (our place, our land).</p> <p>Coming together on traditional land to koorliny (walk), wongie kart darabiny (talk and think about), moordidjabiny kootamiara quab (becoming strong in health and well-being).</p>

Nyungar language source: Bindon, P., and Chadwick, R. (2011) and Whitehurst, R. (1992).

Loss of Traditional Knowledge and Practices.

The women Elders participating in the GF and WG activities reflected that although historical factors leading to Aboriginal peoples' displacement from their traditional lands occurred several generations ago, it continued to impact on the poor health status they currently experienced. The yorgas considered that the knowledge

transfer of the traditional roles and cultural activities of their hunter-gather ancestors, which would have kept them physically active, had been lost.

I remember going out with my nan, mum and aunties. Going to the swamp . . . looking for turtles, eggs and other food along the way . . . bardie grubs, bush onions and all that . . . It was our way of doing exercise; it was healthy. We went all day; kids digging too and carrying. It's gone all that. I tell them (gesturing towards the grandchildren) all the stories, but the koongo (path, beaten way) are gone and crossing into widgella boodjar (white man's land) is trouble (GF1).

All of the ways have gone now; no one knows how to do it no more really. Hunting and fishing in the old ways; you know, the ways that was good for our health back then. We don't have the kaartdijin (knowledge) no more. The yungar (name they call themselves) kaartdijin for that life is finished (GF8).

Withdrawal Due to Shame

There was a general consensus that there was a social stigma attached to accessing main stream physical activity programs. This was perceived on a variety of levels, but particularly from the cultural perspective of 'shame' (embarrassment), where self-efficacy, self-confidence and self-esteem were affected (Louth, 2012). A further level of perceived social stress was related to experiencing behavioural racism and discrimination, which lead to withdrawal from the available mainstream resources, and subsequently contributed to marginalisation and isolation. Financial constraints were also considered to be a social barrier because shame was experienced when commitment to a program could not be maintained.

You are the only one and the widgella yorgas (white women) are staring. Such shame. They thinking "what you doing here?" You don't have the good shoes

and the clothes and you hear them laughing when you don't do the moves
(GF3).

Membership is too much money. I don't have the money; it's shame if you only
go a few times. It's only for people who have the money, so it's not for us (GF6).

Community Facilitation Enabling Enjoyment through Engagement

Having an exercise program specifically designed by the community for the yorgas was seen as a positive development by the participants. They expressed feelings of togetherness that permitted them to laugh and talk together. They suggested that there was no social pressure from their own 'mob' (social group) to conform to the perceived required dress code and perform to the expectation of the main stream sector. The participants also considered that they were developing a sense of commitment and purpose towards their own and the other's engagement in the activities.

It's good here we're bullargar (together). There is no pressure to do it right
(laughs) and no shame if you don't have the right booker (clothes) (GF5).

Even if we laugh and talk it's because we are feeling good. We come together
and do the walking and dancing and it's good for our wangen (well-being)
(GF3).

I like that it's for our mob; "come along djookanka (sister)" (gesturing). We got
a good thing to do here and it's good for me . . . good for them and us . . .
walking is free and it's like the old times, when the mob goes off together"
(WG8).

Experiencing a Sense of Place and Reconnection to Land and Culture

The yorgas expressed that they had feelings of happiness and contentment when they were doing the activities on their traditional boodja (land). They suggested that coming together on the land to walk gave them time to talk and think about their issues and work towards improving their health and well-being.

I feel good walking here . . . ngalla maya, ngalla boodjar (our place, our land).

These paths are all along our old paths. I feel happy here; content. Walking along the river is good . . . the kids swimming and laughing; I remember doing that with my brothers and sisters (WG1).

Walking together out here is good . . . we all (wongie) talk together about things we should do about getting fit and other things to feel solid (colloquial term for good) and strong (in health) (WG3).

The yorgas sense of happiness and contentedness was also noted by CN and is reported in a PDN:

Walking group was great today. To hear (name of a yorga) telling me that she wasn't going to come to walking group today because she was feeling angry, and at the last minute had decided to because she knew that walking with her family and friends by the river would make her feel happier and contented; just made my day. I feel as though I'm sighing with contentment too (PDN – November 23, 2012).

Strengths and Limitations

A strength of the BYHP was that it directly responded to the Elders and leaders requests and the community's perceived needs, and ensured that the research agenda and methods were protective to the community's rights (Bainbridge, et al., 2015; MAC & WHGNE, 2008). However, there were some acknowledged limitations of this

component of the BYHP study, and that was the lack of biometric and statistical data to measure the physical effects of the GF and WG activities on the yorga participant's health outcomes. However, Indigenous health promotion initiatives targeting physical activity risks potential failure if westernised views and definitions are used, and they differ from Indigenous theories (Gray, et al., 2013; MAC & WHGNE, 2008; Thompson, 2010). Aboriginal peoples measure their outcomes differently, and using statistical data as a measure of health outcomes needs to be approached very sensitively, and must be considerate to a benefit-led approach (Bainbridge, et al., 2015). In this context the use of measurement was not a community priority and its use may have had a detrimental effect on participation.

Discussion

The findings have identified that consideration of the historical impact on Aboriginal peoples' physical health is important when developing and planning GF and WG activities for Aboriginal communities (MAC & WHGNE, 2008). Historical factors continue to impact upon Aboriginal people today, especially those living in urban and regional centres because of the length and intensity of their experiences (Dudgeon & Ugle, 2010). Thus specific consideration to the environment in which the activities are to be conducted should be a priority to ensure cultural safety (Williams, 1999) and cultural security (Coffin, 2007). The findings are also consistent with other's research, which confirms that WG activities are increased if the participants' perceptions of the environment are perceived as socially and culturally safe (Kirby, et al., 2007). In addition, using the MTWW framework to guide the development of the GF classes and the WG sessions ensured that the Aboriginal core values of partnership, participation, empowerment were upheld and that the community were central to the decision making (MAC & WHGNE, 2008).

The environment, structure and delivery of the GF classes and WG sessions assisted in overcoming the barriers to engagement and participation in physical activities, particularly the racism and shame that were highlighted in the findings (Kirby, et al., 2007). The GF classes were conducted in a community building familiar to the yorga participants and the environment was socially comfortable and supportive (Hunt, et al., 2008). Financial constraints were also a finding from this research. Neither the GF classes nor the WG sessions carried a cost for the participants, however for sustainability for any group activity that requires professional facilitation from outside the community; ongoing funding and or partnership support must be available (MAC & WHGNE, 2008; Ware & Meredith, 2013). The GF classes did not continue beyond the research timeframe; however there are discussions in progress with a potential partner organisation to support a group fitness program, which will be conducted at the newly refurbished Centre on the MDAA property (MAC & WHGNE, 2008). The WG sessions continue to run on a fortnightly basis and are facilitated by a yorga Elder who participated in the research project.

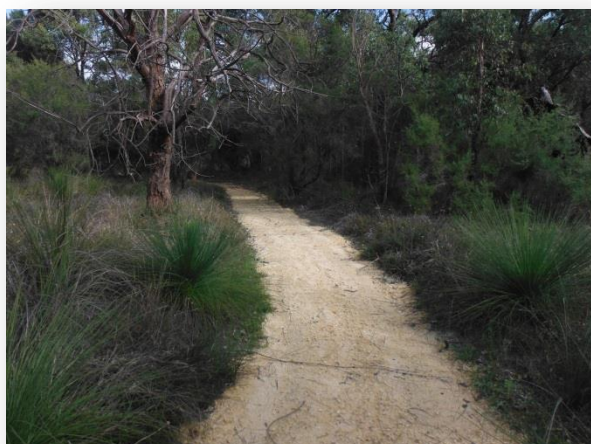
Participation in the WG sessions supported the sense of connecting back to the physically active traditional ways of the hunter gatherer life, where women and children spent time together in these activities (Kiran & Knights, 2010; O'Keefe, et al., 2011). The WG sessions along the river were connected to culture, family and community physical activity and as the Elders watched their children and families swimming they reflected on their engagement as young children, and the sense of well-being and belonging that the space and place generated (Johnston, Jacups, Vickery & Bowman, 2007; Nelson, 2009). This correlates with other's findings where the introduction of WG's into Aboriginal health promotion initiatives is culturally supported because the activities are considered traditionally appropriate and inclusive of all family and community members (Rowley, et al., 2000). Coming together in this way was also seen

more as a community commitment to participating in a healthful activity. This is supported by other's research who suggest that in the Aboriginal context exercising alone is viewed as 'being disconnected' from community (Thompson, et al., 2013; Thompson, et al., 2000). The findings provide an insight into culturally appropriate practice implications for developing and establishing physical activity programs with and in Indigenous communities (Foulds, et al., 2011).



Group Photographs 6 Walking group along the river.

The photographs above were taken during a walking group session that coincided with 'Clean Up Australia Day' (2013). The group decide to participate in the event and scheduled a walk along the banks of the Murray River so that the yorgas and others family members could collect rubbish and tidy up the landscape.



Group Photographs 7 Walking pathways on the MDAA property.



Group Photographs 8 Zumba® classes



Group Photographs 9 Boxercise classes

**Connecting Back to Country through the Establishment of an Aboriginal
Community Vegetable Garden: An Ethnographic Action Research Approach**

The following is a modified version of the article under review:

^dNilson, C., Kearing, G., Fetherston, C., & Morrison, P. (Under Review). Connecting back to country through the establishment of an Aboriginal community vegetable garden: an ethnographic action research approach. *Health and Place. Manuscript Reference Number: JHAP-D-15-00537*(August, 25, 2015) (Appendix G).

The initial review of this article has been conducted by the Journal of Health and Place and will be considered for publication pending amendments:

This is an interesting paper that has the potential to contribute to the body of literature on the considerable benefits community gardening can bring in different cultural settings, by exploring the qualitative experience of individuals, families and the wider community taking part in an Australian Aboriginal community gardening project in the south west region of Western Australia. A great strength of the reported research lies in the author(s) commitment to the people having a voice through the writing, and the depth and richness of participants' sharing of their feelings and insights about the impact and future benefits of the gardening project. Especially powerful, for instance, is the depiction in a painting of the re-connection with ancestral land. This approach reflects the value of research being co-designed with the involvement of the local community. The application of therapeutic landscape theory is fairly effective as a means of working within a specific cultural setting, where those involved appear to have wholeheartedly embraced this opportunity to grow their own food and take pride in gaining new skills, sharing and cooking with the produce (email communication, October 12, 2015).

Introduction

Indigenous peoples' health and well-being is linked to a connection to, and interaction with 'country' (Johnston, et al., 2007; Morice, 1976). 'Country' is described as the lands with which Indigenous peoples have a relationship or cultural attachment to (Burgess & Morrison, 2007) and health and wellbeing is an important component of the whole-of-life approach (Lock, 2007), which links people's identity, cultural practices, intellectual traditions, systems of governance, control and ownership, and spirituality (Ganesharajah, 2009; Garnett, et al., 2009; Lock, 2007). The nexus between health and wellbeing and the connection to country is complex and is intricately linked to respecting and caring for the land, maintaining cultural identity and autonomy and Indigenous sovereignty (Burgess & Morrison, 2007; Johnston, et al., 2007). In Deborah Roses's (1996) narrative of the Aboriginal Australians' concepts of country, she writes that:

Country is a nourishing terrain . . . a place that gives and receives life and it is lived in and lived with. Country is a living entity with a yesterday, today and tomorrow, with a consciousness, and a will toward life. Because of this richness, country is home, and peace; nourishment for body, mind, and spirit; heart's ease. (p. 7)

A disproportionate burden of chronic disease occurs in Australian Aboriginal and Torres Strait Islander [Indigenous] peoples (Vos, et al., 2009), and the health challenges Indigenous communities face are rooted in historical factors of colonisation and ongoing political, social and economic inequities (Zubrick, et al., 2010). Indigenous people residing in remote, rural, regional and urbanised environments are equally susceptible to these health challenges (Scrimgeour & Scrimgeour, 2007; Ware, 2013) and a key aspect to improving Indigenous wellbeing is exploring the relationship between the connection to country and wellbeing (Ganesharajah, 2009). To this end,

this article discusses the experiences of a group of Bindjareb Nyungar Aboriginal women from regional south west Western Australia [WA], engaged in a community vegetable garden [CVG] project, which was part of a larger community owned health promotion research initiative, the Bindjareb Yorgas Health Program [BYHP]. The CVG was established on traditional land that was leased to the local Aboriginal association (MDAA) in the research setting.

Background

The strengths of strong community networks and commitment have been pillars of the regional and urban Aboriginal identity, and are crucial to all efforts to improve their health outcomes (Dudgeon & Ugle, 2010; Scrimgeour & Scrimgeour, 2007). In this context, Bindjareb women leaders and Elders of the MDAA collaborated with the non-Indigenous researchers to develop a community controlled and owned health promotion program to address the community's perceived health concerns. Health promotion programs in Aboriginal communities must be specific to community needs and be developed collaboratively with genuine community engagement (Barnett & Kendall, 2011). Prior to the development of the BYHP, the first author, Caroline Nilson [CN] already had a strong association with the community following collaboration with the Bindjareb women to develop and facilitate a community based children's cooking program. This relationship led to the community's request for assistance to develop a broader intervention to address their health needs which was the seed project for the BYHP.

The BYHP comprised four health promotion components of cooking and nutrition classes, group fitness classes (including a walking group), health yarning sessions, and the CVG project. An art project was also conducted as a culturally appropriate means of gathering data. This article will only report on the findings from

the CVG and the other components of the BYHP have or will be reported elsewhere (Nilson, et al., 2015; ^aNilson, et al., UR; ^bNilson, et al., UR).

The Community Vegetable Garden

The CVG project was an outcome of the evaluation of the BYHP pilot project, which comprised of cooking classes and group fitness classes and responded to the need to address the perceived issues of food insecurity, and to provide a culturally safe environment to encourage community social engagement (Hume, et al., 2013; Mundel, 2008; Stroink & Nelson, 2009; Rosier, 2011; Williams & Guilmette, 2001). Such an environment was identified on the outskirts of the main regional town where the MDAA has a 99 year land lease on an 8.2 hectare property from the WA Department of Aboriginal Affairs, Aboriginal Lands Trust, and it is here that the community garden was established in April 2013.

A budget for the garden project was allocated from the main funding source for the BYHP and it included an amount to purchase five large 3.5m by 1.5m above ground garden beds, the parts for an automated reticulation system, soil, fruit and vegetable seedlings and plants, and basic gardening tools. To ensure that the project was well supported with the appropriate technical advice, partnerships were developed with relevant and appropriate organisations. This is considered an important strategy when conducting health promotion with Indigenous peoples as self-determination is a proposed outcome (MAC & WHGNE 2008).

A partnership with Greening Australia (WA) was established to provide on-going skills development training, and support for the participants. The training included soil conditioning and compost management (including the provision of compost bins), seasonal vegetable planting and rotation, seed collecting and seed propagation (including the provision of a greenhouse), and weed control. The fully automated (solar powered) reticulation system was designed by John Nilson [JN]

(Appendix Y), an irrigation consultant as an in-kind gesture. A group of students studying conservation and land management with Fairbridge Training, a local tertiary institution and partner organisation, installed the system under JNs guidance, together with the participants and other community members. For future planning and development of the MDAA community garden (MAC & WHGNE 2008), Greening Australia (WA) organised field trips for the participants to visit other projects that cultivate bush tucker plants and other edible produce for commercial purposes. CVG group photographs (10, 11 and 12) are included on pages 160, 161 and 162.

The CVG was jointly developed and managed by CN, a non-Indigenous health professional, academic and researcher, and by Gloria Kearing [GK], a Bindjareb woman Elder, mentor to CN and co-author. Appointing GK as a co-author aligned with processes in the Aboriginal research paradigm (Smith 2005), and importantly it benefitted the research because as an Elder, GK is a keeper of Bindjareb Kaartdijin lore (law) and was able to explain the unwritten customs and protocols that relate to land ownership and access, relationships between people, nature and the land, and hunting and gathering food.

Method

The research methods for the BYHP are the subject of an article currently under review (Nilson, et al., UR), however to provide context for the reader a brief summary is provided here.

Study design

The study's ethnographic action research approach (Tacchi, et al., 2003) used a naturalistic interpretive design (Thorne, et al., 2004), guided by the Making Two Worlds Work [MTWW] framework (MAC & WHGNE, 2008), which is underpinned by Aboriginal health promotion concepts and proposes empowerment as its foundation. The BYHP is also grounded in the principles and concepts of the MTWW framework

that considers the holistic Aboriginal model of health (Lock, 2007) and advocates for community ownership, community development and community implementation (MAC & WHGNE 2008).

The pilot project was conducted from September 2012 to December 2012 and the main research project was conducted from February 2013 to September 2013 and all of the BYHP components, with the exception of the CVG project, were conducted during the school terms. During the research timeframe, the indoor components of the BYHP were conducted in a community building on the grounds of the local primary school, and have since relocated to the recently rebuilt and refurbished for purpose MDAA Centre, which is also located on the leased land adjacent to the CVG.

The CVG participants were engaged in all the activities of garden maintenance and the produce was used in the BYHP cooking and nutrition classes, and to take home to share with their family to encourage home cooking activities and food work (Astbury & Rogers, 2004; Corrigan, 2011; Mundel, 2008; Stronik & Nelson, 2009). Human ethics research approval was granted by Murdoch Human Research Ethics Committee and Western Australian Aboriginal Health Ethics Committee, and funding was secured from the Australian Government through the Swap-It-Don't-Stop-It campaign; and the Australian Government through the Ngulluk Koolbaang community grant program (Grant number G05984). The study was registered with the Australian & New Zealand Clinical Trials Registry and assigned the number of ACTRN12612000292875.

Aims

The aims of the study resulted from the engagement with the community's women Elders and leaders following the development of the structure and contents of each of the components of the BYHP. These are reported in detail elsewhere (Nilson, et al., 2015; ^aNilson, et al., UR; ^bNilson, et al., UR), however, the aims of the CVG

project, and the education and activity schedule, and their relation to the MTWW framework checklist (Box 1, p. 58) are presented in Table 9

Table 9 Mapping the Community vegetable garden component of the BYHP onto the concepts of the MTWW framework

Aims of the CVG Component	Education and Skills Delivery of the CVG Component	*MTWW Framework Checklist Score
Develop new skills and knowledge in growing vegetables, including the seasonal rotation of vegetable groups and seed collecting and propagation.	<p>Personnel: (Partner organisations) and Coordinators</p> <p>Evidence resources: Western Australia Department of Agriculture and Food (online resources); About the Garden Pty Ltd (Australian online resource). Vegetable Seed Saving Handbook (online resource).</p> <p>Vegetable garden education topics: seasonal rotation of edible plants; specific seed collection instruction / techniques for common vegetables; seed propagation and seasonal planting</p> <p>Skills: Participant engagement in planting and harvesting vegetables and fruit. Skills development in seed collecting, handling and storage of seeds and propagation of seeds. Field trips to other projects.</p>	17/20
Develop skills in the maintenance of a vegetable garden for maximum productivity including weed control, composting and worm farm, and irrigation system management.	<p>Personnel: (Partner organisations) and Coordinators</p> <p>Evidence resources: Western Australia Department of Agriculture and Food (online resources); About the Garden Pty Ltd (Australian online resource). ChemCert® Training.</p> <p>Vegetable garden education topics: Chemical awareness, chemical management and weed control; compost development and soil conditioning, worm farm development and maintenance; and irrigation system parts and system maintenance.</p> <p>Skills: Participant engagement in chemical training and application to the locality. Composting and worm farm maintenance. Monitoring and maintenance of irrigation system.</p>	16/20
Increase the utilisation of the vegetable garden produce in food work both during the cooking classes and at home.	<p>Personnel: Facilitator and Coordinator</p> <p>Evidence resources: Australian Dietary Guidelines; Go for 2 & 5 campaign.</p> <p>Vegetable garden education topics: Harvesting vegetables, washing and preparing vegetables for use, storage of vegetables</p> <p>Skills: Participant discussion and recipe selection for cooking classes and home cooking. Food knowledge, storage, preparation and cooking.</p>	17/20

*The research team used the MTWW framework checklist (Box 1, p. 58) to determine if appropriate consideration was given to each concept in the planning and delivery of the CVG component. The mean score rated by the research team was 16.6 out of the possible 20.

Participants

The recruitment and consent processes were overseen by the women Elders and a woman leader appointed as the research assistant [RA] (NHMRC, 2003), and all the participants came from the two main local kinship groups living in the main town and one other in the study region. Purposive sampling was undertaken and of the 17 Bindjareb women participants who consented to take part in the BYHP research initiative, six participants aged between 26 and 60 years volunteered to take part in the community garden activities.

Six volunteering participants independently organised a roster to tend the CVG over the remaining 24 week period of the research initiative, which was during the winter and autumn months resulting in an average weekly attendance of 5.5 visits between them. The highest weekly attendance between them was eight and the lowest weekly attendance was three. Whilst the BYHP program was designed for the women of the community, it is recognised that family inclusion is culturally important (Dudgeon & Ugle, 2010; Kendall, et al., 2011). Thus to increase engagement and participation in the CVG activities, other family members and children were also encouraged to attend and a total of 10 family members attended a total of 184 gardening days. It is not known what particular gardening activities the family members engaged in and they did not partake in the data gathering yarning sessions.

Data collection and analysis

Data, in the form of participant observation, direct observation, individual yarning (interviews), yarning groups and a narrative art project reported elsewhere (Nilson, et al., 2015a) were collected for the CVG project. During the course of the fieldwork, CN also audio recorded Personal Diary Notes [PDN], which enabled triangulation of the data to increase rigor (Ritchie & Spencer, 1994). A total of four yarning groups were held over the research timeframe and of those, one was held during

the CVG project time frame and was attended by five BYHP participants; four of whom were CVG participants, and the median age of the group was 41 years. A total of six individual yarning (interviews) sessions lasting between 1-1.5 hours were also conducted by CN at the end of the research timeframe and five of the six interviewees were CVG participants. The median age of the six individual yarning participants was 35.5 years. Each participant was recruited by the RA and they each received a grocery gift voucher valued at AUD\$40 (NHMRC, 2005) for volunteering their time and effort.

Interpretative analysis of the data was implemented using the computer-based program, Artichoke™ (Fetherston, 2013). Initial analysis was conducted by CN and involved repeatedly listening to the audio recoded files in three minute timeslots. Together with the RA and GK, CN worked through the coding schemas and differences were highlighted and presented to Catherine Fetherston and Paul Morrison, and coding was adjusted accordingly. Using interpretative coding and descriptive coding, thematic analysis development occurred and using recurrence, forcefulness and repetition (King & Horrocks, 2010), five major themes emerged.

Findings

Five major themes and subthemes derived from the data analysis are presented in Table 10. The findings are discussed under the major theme headings and supporting evidence in the form of verbatim quotes obtained during the yarning sessions is included. The verbatim quotes are referenced to the participants with a unique code (VG1, VG2, etc.). Excerpts from CNs PDNs are also provided.

Table 10 Community vegetable garden component themes and sub-themes derived from the interpretative analysis of the data

Themes	Sub-Themes
“Deadly, unna?” (Very good, isn’t it?); ngnaailak (belongs to us)	Wumbudin (proud) having a vegetable garden at the community centre. A ‘solid’ (fantastic) project to change negative neighbourhood perceptions.
Nalaru boodjar (Our own country); kwobbrup (A good place)	A safe place away from the daily troubles of life. A place to lift the ‘barden’ (a person’s spirit). A sense of place for community members to come together and be together in a healthful way.
Reconnecting to boodjar, mundak and ponar (land, the bush and the seasons)	Feelings of wellbeing from rekindling cultural connection to the land. Enjoyment and pleasure in planting foods for each ‘ponar’ and seeing the land provide.
Djinanginy kaartdijin (seeing, learning and understanding)	Wumbudin (proud) to be learning skills and knowledge to grow fruit and vegetables. Sense of achievement in using the produce for cooking in the classes and for meals made at home.
Patpatan mila (Worried for the future)	Hoping that more community yungar (name for themselves) use the garden. Concern for partnerships to nginnow (remain in place) for the training of garden quaignot (leaders).

Nyungar language source: Bindon and Chadwick (2011) and Whitehurst, R. (1992).

Theme: “Deadly, unna?” (very good, isn’t it?); ngnaailak (belongs to us)

The participants discussed experiencing a sense of wumbudin (pride) at seeing the CVG established on traditional land, and knowing that the garden belonged to them and that the produce could be freely accessed. The participants suggested that the MDAA property was linked to poor neighbourhood perceptions. Between the middle 1950s and late 1970s the traditional land, where the MDAA property is now located, was designated as ‘native reserve’ by the West Australian Government (West Australian

Government, Department of Housing, 2012). Aboriginals lived lives of segregation and despair on the reserves (Dudgeon, Wright, Paradies, Garvey & Walker, 2010c) and traditional governance systems became disrupted, resulting in regular incidence of drunkenness and violence (Keen, 1994). The participants considered that the CVG would encourage positive community engagement and this would lift the negative connotations and impressions that others from the town had, when seeing community members gathering at the MDAA Centre for healthful activities.

I remember when my family used to get food from the boodjar (land); plants, fruit, berries, kangaroo, fish. Those days are gone, but to have the vegetables and the native bush tucker trees growing here now and it makes us proud. We are growing them for ourselves (VG1).

The centre has been a ruin for so long and now that the garden is here, it makes it look alive again. It's good to see yungar (name for themselves) here; doing good things, healthy things (VG2).

Years ago the reserve never had a good name. When the centre was first built on the reserve the town people; you know widgella (white people) didn't want it. They said only bad things would go on there. We think this will be different; we don't want that old thinking (VG2).

Having the garden here is good, it shows them that we want change here . . . we want them to think differently now. Give us a chance to show them (VG1).

Theme: Nalaru boodjar (our own country); kwobbrup (a good place)

The participants felt that having a place on Nyungar boodjar; their own traditional land lifted their barden (spirits). They were able to identify with the land as a place that belonged to them and it was a good place to escape the troubles of life.

If I feel up tight and think I'm going crazy, I just come down here and I feel so relaxed. I think it's because it's kin country, it's a good place. I can take a deep breath; deep down and it lifts me; you know, it pulls me up (VG3).

I come here and block out the troubles and hassles. I don't know what it is but they go away. I look around and feel good (VG4).

Participants also expressed the view that the vegetable garden had created a space for community members to come together to undertake activities that were healthful.

When we all come here it feels right. We all come here to do good things for us and our family . . . healthy things. It's good to have a place where we can be together in a healthy way (VG6).

It's good to get all the yorgas (women) together and work on the garden and do things that are good for us (health). Doing the garden is being active and then when we put the vegetables into the cooking it is also good. Good activities . . . my kids love it here and they can be free. They come and do some things in the garden; eat all the peas and baby carrots before we can cook 'em (laughs). It's a good place for them too (VG5).

The sense of pride and the sense of belonging that the participants expressed were also observed by CN and recorded in her PDNs.

I look forward to the community vegetable garden days more so than any of the other activities. On reflection, I think it's because I can feel the women's energy and they definitely have a different presence. I mean they themselves have a presence. I can only describe it as an inner something; strength maybe, that shows outwardly. I think it's a combination of pride, confidence and a sense of belonging (PDN – August 5, 2013).

Theme: Reconnecting to boodjar, mundak and ponar (land, the bush and the seasons)

There was a sense that the establishment of the CVG on the Bindjareb boodjar had rekindled the participants' cultural connection to the land.

Because I've grown up in the town I haven't really had a connection to the land; not in a cultural way, in the way our stories are told. But I think that being here and walking around the boodjar, planting bush tucker trees and digging in the ground has made me think about it. They say you feel it inside; I've felt it here; that feeling of thinking about your culture more and what it means and what land is to our culture (VG3).

I remember my family's camps. We had three main camps and we lived in them, moving from camp to camp depending (on seasons, food etc). The land was our home. That connection was gone when I was taken to the mission. When I came back things were different. Having this land, here, now, has given that back (VG1).

The participants' expressed enjoyment and pleasure in tending to the garden and watching the vegetables grow. The enjoyment extended to the planning of the seasonal planting and the anticipation of the crop to come.

I was pleased when we decided to plant all the different kinds of melons. Get the kids off my back . . . they kept asking for melons and I kept telling them that they were for the next season. The plants were crazy and they spread so fast, all into each other. We couldn't tell sometimes which fruit was from which plant (laughing) (VG6).

The winter vegetables were so good for soup . . . Kale, broccoli, silverbeet . . . remember we had to have pots and pots cooking to use it all. We planted too much all at once, next time we will wait and plant some later so that we have it (vegetables) for longer (VG5).

Sometimes I didn't want to pick any of the vegetables because they looked so good growing in the ground. I just wanted to look at them. When you see vegetables in the shops you don't think about them growing; like this (pointing to the garden). I see them so different now (VG4).

Theme: Djinanginy kaartdijin (seeing, learning and understanding)

All of the participants expressed a sense of pride and achievement in learning to manage and maintain the vegetable garden. The skills development in seed collecting and propagation was an important element and they all connected this to the sustainability of the garden. Weed control and composting were also seen as necessary, but were reported as the least favourable task.

Seed collecting and then growing the seeds in the green house is my favourite part. We need to do it so that we have more plants for next time (VG2).

Doing the compost wasn't so much fun. Especially the last bin and the smell is sometimes bad. But when it goes back into the ground and you see how the plants grow then it's worth it (VG4).

I'm pleased of what I've learned about vegetable gardening. (Name of trainer) is a good teacher and he's proud (of us) too. There is always stuff you don't like doing (weeding and compost), but if we keep learning about other vegetables and how to grow them we'll be able to keep it (CVG) going (VG5).

There was a real sense of achievement in using the garden produce in the cooking classes and for home food work. This was linked to developing confidence in planning and preparing food and producing meals that were appreciated by the family.

I like it when we look at the garden and then look at what we can cook in the class to use up the vegetables. Shows us what we can cook with what we have (VG1).

I took some of the broccoli and the others (vegetables) and made a soup; like the one we made here (in cooking), and everyone really liked it. It's good when they eat it. "I grew those and now you're eating it", sort of thing (VG3).

CN also noticed that the participants were opting to use more of the garden produce in their home food work, particularly as their knowledge of the vegetables increased.

I have noticed that the home cooking is incorporating more and more vegetables. It seems that the more involved the women are in growing the produce the more inclined they are to use it. If some of them have used it in their cooking and have had success, they are really encouraging and persuade those who are hesitant to try it. I was thrilled to see (participant name) taking home

some broad beans and (participant name) taking the kale and the silverbeet.

These are two people who hardly ever cook at home (PDN – August 20, 2013).

Theme: Patpatan mila (worried for the future)

When asked about the ways in which the CVG component of the BYHP could lead to sustained community engagement, there was concern regarding the ongoing support of the partner organisations. They considered that the opportunity for training and skills development was necessary for sustainability and to develop community strengths.

We need to have a garden quaignot (leader); someone trained from the community to run it. When the community see that it's going well more people will come and want to join in. We hope that (name of the organisation) will stay and train others. If they can also get jobs from the training it helps to get people on their way (VG1).

The big thing is training and jobs. That's the big thing for the future (VG2).

While these themes above capture the experiences of the CVG participants through interactions, observations and analysis, the CVG initiative was also captured in the artwork of participants (Nilson, et al., 2015a), which is very much in keeping with the ways in which Aboriginal people represent different facets of life. For centuries, Aboriginal peoples have portrayed their culture and their stories through art. It played an essential role in the mechanisms for culturally appropriate communication (Nilson, et al., 2015a). In this context it was deemed appropriate that we also portray the CVG story through art narrative and CN and GK collaborated in the development and painting of an art piece (Figure 12).



Figure 12 A place to reconnect to the ancestral land and to grow our own vegetables

The CVG experienced through this painting is explained as follows:

The white dots represent the Bindjareb spiritual ancestors who travelled this land for thousands of years. I (2nd author) believe they still travel the same paths today. The ochre dots are our kin who have recently passed; my grandparents, my parents. They also follow the paths and guide us, so they travel beside us. The amber dots are us. These are our pathways today. We are on the land and travelling the same pathways that our ancestors and kin have travelled since time began. We feel that this land has been returned to us and that we have returned to it. We come to the vegetable garden and we feel good here; our barden (spirit) is lifted. We are learning new knowledge about plants, vegetables and fruit so that we can change our health. We feel proud when we cook and eat what we grow (GK).

Discussion

This study found that establishing the CVG on traditional Bindjareb land created a therapeutic landscape that contributed to feelings of wellbeing. Therapeutic

landscapes are described as places, situations, and settings that encompass both physical and psychological environments associated with achieving health and wellbeing (Gesler, 1992, 1993). Positioning the CVG on traditional land impacted on the participants' relationship and experiences with place-identity, creating both a "sense of place" and an "authenticity of place" (Williams & Guilmette, 2001, p. 7). These humanistic concepts are encompassed within the therapeutic landscape (Gesler, 1992; Townsend, 2006; Williams, 1991) and are linked closely to the holistic model of Aboriginal health (Lock, 2007).

Identification of a sense of place often involves affiliation, attachment and a shared vision (Gesler, 1992; Williams, 1991), and in this context the sense of place was defined by the participants in the value and meaning they gave to the CVG. These were feelings of pride and ownership in the project, and the intention of coming together with a common purpose related to health and wellbeing. The sense of place was also associated with refuge and safety (Milligan, Gatrell & Bingley, 2004; Townsend, 2006) and the participants reported visiting the CVG on the Bindjareb land to escape the troubles of daily life.

The authenticity of a place is usually associated with having a long history of individual and or collective connection and relationship with a certain place (Milligan, et al., 2004; Williams & Gilmette, 2001). It is also associated with being in or on the land and the sensory stimulation experienced with the engagement (Keen, 1994; Milligan, et al., 2004; Townsend, 2006). Authenticity of place was explained by the participants as a bond between the Bindjareb land and themselves as a place that lifted the barden (Rose, 1996). They also described a rekindling of their culture through their connection to the traditional land (Kingsley, et al., 2009).

Over the last decade, community gardens have become popular in urban and regional settings around the world often as initiatives aimed at revitalising lower

socioeconomic neighbourhoods (Hanna & Oh, 2000; Pudup, 2008; Shinew, Glover & Parry, 2004; Thompson, et al., 2007). The participants perceived that the CVG would influence a change in the previously held negative perceptions of the activities conducted at the centre and on the Bindjareb land. Community gardens have the potential to generate social connections that cross neighbourhood boundaries and informal agreements discourage unacceptable behaviours (Teig, et al., 2009). Further, public housing authorities view community gardens as strategies for capacity building and community renewal (Thompson, et al., 2007). The participants considered that the appearance of the fresh growing produce and the engagement and cooperation between the community and partner organisations, evident in developing and maintaining the CVG, would open spaces for discussion and create mechanisms to assist in shifting the negative thinking (Hanna and Oh, 2000; Teig, et al., 2009).

The learning in the CVG integrated participatory processes and the participants were involved in learning-by-doing (Krasny & Tidball, 2009; Stronik & Nelson, 2009), which took place while working together (participants and facilitators) in the garden and cooking in the kitchen. On an achievement level the participants were able to contribute to their community's food security (Green, 2009), by growing the vegetables and incorporating them into family food work (Bussey, 2012; Booth and Smith, 2001; Pudup, 2008; Rosier, 2011; Thompson, et al., 2007). This increased confidence and self-esteem and a critical indicator of learning in the Aboriginal paradigm is enhanced individual well-being (Stroink & Nelson, 2009). This is also linked to the work of Charles Lewis (1996, cited in Pudup, 2008) regarding the theory of horticulture therapy which is centred on 'people-plant' interactions, which suggests that the practice of gardening can influence change in people, particularly the human spirit. Further, the work of Townsend (2006), reporting on her research with a team from Deakin

University, reports that opportunities to engage with nature and bushland is mentally calming and provides relief from daily pressures.

Sustainability of the CVG was a concern to the participants who feared that assistance (advocacy, technical, training / material) from the partner organisation may not continue and that insufficient community involvement (governance and leadership) would cripple the efforts of the CVG. Like others (Hume, et al., 2013; Hunter, et al., 2014; Parry, Glover & Shinew, 2005; Saldivar-Tanaka & Krasny, 2004), this study found that there are several principles to Aboriginal community garden sustainability. These include collaborative community and partner organisation planning and integration, the establishment of community governance, training and employment opportunity, and long-term funding and enterprise opportunities.

Responding to these findings, beyond the research timeframe, the support from the partner organisation has continued and plans for enterprise opportunities are being negotiated through the collection and sale of native tree and bush tucker plant seed collection. In addition, funding has been secured for the certificate qualification of two community members to undertake horticulture and garden management training (Appendix X). The aim is to offer employment to the members to manage and maintain the CVG, to tend the native bush tucker plants, and to undertake land management of the MDAA property.

An Aboriginal person's perception of their health and that of their community is closely linked with their connection to traditional land. However, there must be a traditional relationship with the place because inherent motivations to care for the country fulfils the critical aspects of cultural identity and thus wellbeing (Garnett, et al., 2009). GK details this connection through the ancestral pathways on the painting in Figure 12 (p. 154), as she describes a dual return of the land; the land to the community and the community to the land.

Limitations and Recommendations

The applicability of the structure and content, and the processes of management and delivery of the BYHP CVG to other regional Aboriginal communities need to be determined. Therefore, the principles generated from the findings of this study should be considered as a guide only, for the implementation of community vegetable garden projects in similar community settings. Having to draw from a small population, the ideal, well-diversified sample for this study was difficult to achieve. Additional issues, such as transport difficulties, hampered participation for those living away from the main town where the CVG was situated.

There were some acknowledged limitations in the timeframe of gathering the data, and it is recommended that future longitudinal observation is conducted. Data on actual garden activities in relation to knowledge and skills development and the exploration of the impact and influences the CVG had on family and community members' food security and nutritional change would be beneficial. Investigating the levels of community engagement and its impact on community mobilisation and determination would also be beneficial.

Conclusion

Recognising that historical factors have influenced the environmental relevance for the location of health promotion initiatives was found to be an essential contributor to designing, structuring and managing the BYHP CVG to ensure that it was culturally appropriate and sustainable (MAC & WHGNE, 2008). The location of the CVG on traditional land impacted on the participants' sense of place and provided safety for engagement and relaxation away from the daily issues of life. In addition, the cultural reconnection to land was enhanced through the authenticity of place. This enabled skills and knowledge development in vegetable growing and cooking without threat and instilled confidence and self-esteem and improved wellbeing.

Long-term partnership engagement was also identified as an essential element to sustainability and to achieve community capital (Hunt, 2013; MAC & WHGNE, 2008). This constitutes collaborative planning and implementation of gardening activities with partner organisations, shared accountability and responsibility for the project aims, and the building of community capacity and empowerment through training and skills development.



Group Photographs 10 Preparing the garden beds with soils and straw at the CVG and installing the reticulation



Group Photographs 11 A community day to plant the first CVG seedlings



Group Photographs 12 Weeding the CVG beds and harvesting the first crop.



Group Photographs 13 Field trip to Cuballing, WA sponsored by Greening Australia (WA), to learn about growing native vegetables.

‘Yarning’ About Health Gives Voice and Promotes Action Amongst Aboriginal Women in a Community Owned Health Promotion Program.

The following is a modified version of the article under review:

^bNilson, C., Kearing, G., Morrison, P., & Fetherston, C. (Under Review). ‘Yarning’ about health gives voice and promotes action amongst Aboriginal women in a community owned health promotion program. *Learning, Culture and Social Interaction*. Manuscript reference number: LCSI_2015_61 (October 22, 2015) (Appendix E)

Introduction

The disease burden experienced by Indigenous Australians is disproportionately higher than non-Indigenous Australians (Vos, et al., 2009). As low health literacy negatively affects health outcomes (Thomacos & Keleher, 2009), there is an emerging agenda to increase the health literacy of Indigenous Australians (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2014; Schwab and Sutherland, 2004). The key facets of health literacy are critical to empowerment and are defined as social and cognitive skills and knowledge that encourages individuals and groups to consider social, political and environmental factors that determine health and wellbeing (Zarcadoolas, Pleasant & Greer, 2003).

The development of health literacy requires social actions of participation, interaction, and critical analysis that lead to individual and collective benefits and impacts on the development of individual and group social capital (Nutbeam, 2000; 2008). Empowerment refers to processes whereby individuals, groups and communities gain control over decisions and factors that influence their lives. A sense of control is achieved when people are able to define their own experiences in their own terms. Individuals and communities empower themselves as a result of self and community awareness and self and community growth (Labonté, 1986, 1989; Wallerstein, 1993; Tsey, et al., 2010; Tsey, et al., 2007).

Communication plays a critical role in enabling and ensuring individual and community empowerment (ACSQHC, 2014), and at an individual level communication is the mediator at the client-provider interface between health literacy and health outcomes (Lowell, Schmitt, Ah Chin & Connors, 2014). Health information at this interface is usually conveyed orally, and communication skills, which include listening, speaking, negotiating and understanding, contribute to the construct of health literacy (Squiers, Peinado, Berkman, Boudewyns & McCormack, 2012).

Consideration to cultural and linguistic diversity and differing worldviews is also crucial within the context of health communication and the domain of health literacy (Berkman, Davis & McCormack, 2010; Smylie, Williams & Cooper, 2006; Vass, Mitchell & Dhurrkay, 2011). Thus, to be responsive to the needs of Indigenous peoples and other vulnerable groups, there is an increasing agenda around the need for the health provider to engage in culturally appropriate and effective health communication as an essential part of health literacy development for the recipient (Berkman, et al., 2010; Lin et al., 2014; Pleasant & McKinney, 2011; Taylor & Luire, 2014).

Indigenous 'literacies' are referred to in the plural and described as "multiple parts of a wholistic Indigenous reality and worldview" as they are about communication, living, and balance and each supports a mutual causality (Edwards, 2010, p. 31). Edwards (2010) defines Indigenous literacies as:

The means with which to express, understand, provide for, and make sense of, one's self and the whole richness of one's self in its widest cultural, spiritual, intellectual, and physical sense (p. 31).

Yarning is an essential part of these literacies and is a mechanism for the transfer of Aboriginal health and wellbeing concepts and knowledge, so that they can receive full argumentation, explanation and cultural definition (Lock, 2007). Yarning is a form

of conversation and storytelling, which is described as a process of communicating, meaning making and passing on knowledge and it involves respectful processes and protocols of exchange that establish relationships, responsibilities and accountabilities (Bessarab & Ng'andu, 2010; Martin 2008). Yarning has also been acknowledged as a culturally appropriate Indigenous research methodology (Baskin, 2005; Bessarab & Ng'andu, 2010; Fredericks, et al., 2011; Geia, Hayes & Usher, 2013; Lee, 2009; Walker, Fredericks, Mills & Anderson, 2014). A cyclic approach to yarning where protocols of introduction, information and knowledge sharing, and listening and giving voice to others is conducive to the Indigenous way of doing and being (Martin, 2008), and ensures a space for cultural security where both learners and knowers interact equally in the communication process (Bessarab & Ng'andu, 2010; Coffin, 2007).

Background

Yorga Elders and leaders in a Bindjareb Nyungar Aboriginal community in the south west of Western Australia sought to address their perceived community health issues, and collaborated with non-Indigenous researchers to develop the Bindjareb Yorgas Health Program [BYHP]. The resulting health promotion research initiative comprised four components of cooking and nutrition classes, group fitness classes (including a walking group), a community vegetable garden project, and health yarning [HY] sessions. As a culturally appropriate means of gathering data a narrative art project was also conducted.

Caroline Nilson [CN], a health professional, academic and researcher co-ordinated and facilitated the BHYP with selected women Elders and leaders from the MDAA. Gloria Kearing [GK], a women Elder was appointed as mentor to CN, who was well known to the community because of her involvement in a previous community children's cooking program (the Deadly Koolinga Chefs Program), which was the seed

project for the BYHP. As a result, CN is referred to as 'auntie' by the younger community members, which is a sign of community respect (Butcher, 2008).

The inclusion of HY was identified as an important component to build individual health literacy, by facilitating dialogue between the yorgas themselves, and between the yorgas and CN. It was also believed this form of communication would assist the yorgas to access and identify the causes of their health problems and to consider appropriate strategies and approaches to make changes towards improving and maintaining their health (Zarcadoolas, et al., 2003).

Health Yarning Sessions

The health yarning sessions cycled through three of the four types of yarning described by Bessarab and Ng'andu (2010), which are social yarning, collaborative yarning and therapeutic yarning. These yarning types together with the fourth type; research yarning, were also used in the data gathering yarning sessions (group and individual), but in a more structured way. This often meant that when yarning about an experience, or a topic of interest a question and answer format did not generally occur, and the discussion often meandered in and out of topic resulting in what Martin (2008, p. 21) refers to as "messiness". The messiness in yarning or storytelling is considered part of Indigenous pedagogy (Martin, 2008). Consequently the health yarning sessions were unstructured and occurred when the yorga participants came together for the other components of the BYHP and as a result yarning occurred in general group discussion, small group discussion, and one-on-one discussion, often while the participants engaged in the BYHP activities of cooking, exercising and walking, gardening, and during the art workshops.

The yarning often began as the yorgas talked about a health topic between them and when questions were posed CN was drawn into the discussion. The strategy for this informal approach was aimed at creating a decolonising culturally appropriate space to

discussing health issues (Lowell, et al., 2014), rather than the problem focused approaches used in mainstream health education, which reports little or no uptake amongst Indigenous peoples (Jennings, Spurling & Askew, 2014; Lin, et al., 2014). The opportunity for yarning in this way ensured that the yorgas self-determined the topics of discussion, because their everyday activities, life situations and contextual environment influenced their health topic interests and applicability (Aldoory, 2001).

In this context social yarning was used to start the topic discussion. It was used as a way to set the boundaries for the discussion and open the 'floor' for joint understanding. The yarn was usually light-hearted, often involved friendly banter and laughter and focused on establishing the yorgas understanding, thoughts and beliefs on a particular topic. It was also used as a protocol for introduction when a visitor or family member attended, as a way of establishing trust and relationships. Once the group felt comfortable to share information and ask questions, the yarning moved into the collaborative phase. It was in this phase that CN was invited to join into the discussion to explain new concepts, and explore and exchange health information and highlight relevant treatments and health maintenance protocols. It was also the phase where CN encouraged the yorgas to identify individual and community health issues and introduce ways of managing or addressing them. Collaborative yarning sometimes directed the discussion into the therapeutic yarning phase, where a yorga participant remembered, recounted and retold a story regarding a personal, emotional, or traumatic experience. This phase was given respect by the yorga group allowing the storyteller to have a voice. This yarn often empowered the yorgas to make sense of, understand and re-think their experience and provide the basis from which action was then taken.

This article presents the findings on the health yarning [HY] component of the BYHP, which includes not only the formal sessions planned to meet the health education aims of each of the BYHP components, but also the informal yarns that

occurred at other times when the yorgas came together. The findings of the other components of the BYHP and the initiative's methods have or will be reported elsewhere (Nilson, et al., 2015; ^aNilson, et al., UR; ^dNilson, et al., UR; ^eNilson, et al., UR). However, to provide context for the readers a brief overview of the methodology is also reported here.

Method

Study Design and Aims

Guided by the Making Two Worlds Work [MTWW] framework (Mungabareena Aboriginal Corporation and Women's Health Goulburn North East [MAC & WHGNE], 2008), the ethnographic action research approach undertaken in the study (Tacchi, et al., 2003) used a naturalistic interpretive design (Thorne, et al., 2004). Proposing empowerment as its scaffold, the MTWW framework is underpinned by Aboriginal health concepts that consider the whole-of-life approach to health and wellbeing. Human ethics approval was granted by Murdoch Human Research Ethics Committee and the Western Australian Aboriginal Health Ethics Committee and the study was registered with the Australian & New Zealand Clinical Trials Registry.

The pilot project for the BYHP was conducted from September 2012 to December 2012 and the main research initiative was conducted from February 2013 to September 2013. The cooking and nutrition classes (Nilson, et al., 2015), group fitness classes (^aNilson, et al., UR), and the art workshops (Nilson, et al., 2015a) were conducted in a community building on the grounds of the primary school in the main regional town in the research setting. The community vegetable garden (^dNilson, et al., UR) was established on traditional land adjacent to the MDAA community centre, which at the time of the research project was being refurbished, having been derelict for 20 years. The walking group often convened on the traditional land to walk along the traditional pathways.

The aims of the HY component were to provide a culturally safe environment for the development of health literacy, enable the yorgas to explore, identify and contextualise determinates to their health, and develop a collective approach to considering ways in which to tackle identified health issues.

Participants

The recruitment of 17 Bindjareb yorga participants used purposive sampling (Tongco, 2007), and the consent processes were overseen by the community women Elders and a women leader appointed as the research assistant [RA] (Rae, et al., 2013). The yorga participants were aged between 18 and 60 years and came from the two kinship groups living in the main town and one other in the study region. The BYHP was designed for the yorgas of the community, however to increase learning within the community participation of other family members and children, to all of the components of the BYHP was accommodated (MAC & WHGNE, 2008). Family and children attendees did not participate in any data gathering yarning groups. The yorga participants took part in one, some, or all of the components of the BYHP and attendance at any component provided them with an opportunity to be involved in health yarning in both a planned format and an informal format. Participant attendance at all the components of the BYHP, demonstrating the opportunity for HY engagement, is provided in Table 11.

Table 11 Yorga participant informal health yarning opportunity during attendance to the BYHP.

BHYP Components	Approximate % Attendance - Yorga Participant	Approximate % Attendance - Family and Children
24 Cooking and nutrition classes	29% (n=5) attended 15 – 24 classes 47% (n=8) attended 5 – 14 classes 23% (n=4) attended 4 classes or less	5 attendees in total 40% (n=2) attended 5 – 7 classes 60% (n=3) attended 2 – 4 classes
33 Group fitness classes	18% (n=3) attended 21 – 30 classes 24% (n=4) attended 20 – 11 classes 53% (n=9) attended 10 – 1 classes	11 attendees in total 82 % (n=9) attended 7 – 9 classes 18% (n=2) attended 4 – 6 classes
24 Walking group sessions	5% (n=1) did not attend any classes 29% (n=5) attended 13 – 22 sessions 47% (n=8) attended 12 – 3 sessions 24% (n=4) did not attend any sessions	12 attendees in total 58% (n=7) attended 17 – 19 classes 41% (n=5) attended 12 – 16 classes
	Average Attendance - Yorga Participants	Average Attendance - Family and Others
Community vegetable gardening (CVG) Average number of visits per week over 24 weeks	6 of the 17 yorga participants volunteered to attend to the CVG. Average weekly visits between 6 yorga participants = 5.5 times per week	12 attendees in total Average weekly visits between 12 attendees = 7.6 times per week
*Art workshops Average attendance at 7 workshops	7 of the 17 yorga participants participated in the art workshops. Average attendance at each workshop = 4 yorga participants	2 attendees in total (1 family member and (name 1 st author) Average attendance at each workshop = 1.5 family and other

*HY occurred during the art workshops although they were not a component of the BYHP.

Data Collection and Analysis

Health yarning data collection in the form of direct observation, participant observation, four yarning groups (focus groups) and six individual yarns (interviews), and a narrative art project was conducted throughout the duration of the study. All components of the BHYP were spoken about in the yarning sessions, thus weaving the

discrete threads together into a rich narrative of the program, and the yorgas' involvement in it. In the Aboriginal paradigm strong relationship development is critical to robust data collection and the study timeframe allowed for this (Dudgeon, et al., 2010b). To further increase rigor, CN recorded Personal Diary Notes [PDN] during the course of the fieldwork, which enabled triangulation of the data. The four yarning groups attended by between five and eight yorgas were informal, and were facilitated by the RA and GK. The six individual yarning sessions were conducted by CN towards the end of the research timeframe. Participant consent was obtained to audio record the yarning sessions.

Interpretative analysis of the data was implemented using Artichoke™ (Fetherston, 2013), a computer-based software. Within Artichoke a coding schema was developed by repeatedly listening to the converted audio recorded files in adjustable time slices. The RA and GK collaborated with the yorga participants as a process of checking back. Codes were adjusted following the discussion of differences and thematic analysis occurred using descriptive and interpretative coding (King & Horricks, 2010), and three major themes emerged.

Findings

Three major themes with subthemes that emerged from the data analysis are presented in Table 12. Verbatim quotes recorded during the yarning sessions are included as supporting evidence under the theme headings. The verbatim quotes are referenced with a unique code to each individual participant (HY1, HY2, etc.). The themes are titled in Nyungar language with English interpretation in parenthesis as a means of expressing the social and spiritual importance of the participants' Aboriginal culture and continuing vitality (Butcher, 2008). Excerpts from CNs PDNs are also provided.

Table 12 Health yarning component themes and sub-themes derived from the interpretative data analysis

Major Theme	Sub-themes
Moorditj bandjar tarwagin (a patient way of talking with us)	Asking us good questions to help us think about things that aren't the best. Letting us think about changes to things we don't like or want no more.
Canichiel kyunera wongie (a safe way to talk)	Yarning about a lot of things and not feeling koonanginy (embarrassed; ashamed) for kaartdijinboort (not knowing (about health)). Comfortable to karnarn karradjool (speak truthfully of troublesome things). Not alone in kart darabiny winyan (sorrowful thoughts) and warabiny (upset, worry) that comes over us sometimes.
Djaliny moordidjabiny catacien kootamiara quab (listening and understanding to become strong in health)	Yorgas (women participants and woman health professional) nagul niginnoween (sitting together as equals in a friendly manner) sharing what we know. Becoming djookanka (sisters) in health knowledge and encouraging each other to djooroobidiny arpacana kootamiara quab (to move forward and become strong in health).

Nyungar language source: Bindon, P., and Chadwick, R. (2011) and Whitehurst, R. (1992).

Theme: Moorditj bandjar tarwagin (a patient way of talking with us)

The yorga participants identified feeling comfortable and calm during the HY sessions. They suggested that not being hurried to ask and answer questions and being given time to talk, in their own way about a topic enabled them to consider and work through health issues. The yorgas liked the cyclic processes used in the HY, which allowed them to come back to any issues of uncertainty and think about ways to address them.

This yarning is a good way to talk about health. I know what isn't good but what do I do? Yarning with the yorgas is good . . . slow, calm (hands gesture in a smoothing action). I think better. Yarn about it and do what is good in my way, bit by bit (HY5).

We yarn about something one day and I'm not really thinking, but later after that day, I remember and I want to yarn about it again. I like that. Also yarning about things I heard that are good . . . uuh, good fat and bad fat; what is the best, kind of thing? (HY8).

They considered that even when accessing an Aboriginal health service they felt hurried and flustered and felt that they had little time to discuss or 'unpack' their health issue.

Even at (name of Aboriginal health service) we gotta be in and out. Can't yarn really; not in ways like this (gesturing to the other yorgas in the group). Going round and talking and seeing how it is for all of us and then going and doing it (addressing a problem) to see if it helps (HY9).

The consensus was that identifying the issues for themselves was better than being 'told' what to do or what not to do.

I feel comfortable coming here to yarn. I like the way we laugh and joke and then we can be serious too. The yarning is sad sometimes but solid (strong, forceful) too. It's good we can ask questions coz it makes me think. I like to know why I have to do certain things, not just being told to do something (HY1).

Me too; I want to know why, but it takes time to know things and work out what is best. You can't just do something if it is too difficult . . . just do this and just do that; No, doesn't work (shaking head). Is it going to work for you? That's the thing. We can try something and then yarn about it here and try a different thing (HY4).

Theme: Canichiel wongie kyunera (safe way to talk)

The yorga participants described feelings of shame, embarrassment and inadequacy as barriers to seeking mainstream health professional advice and

information. They reported that often in the main stream experience they had left a consultation not having fully discussed the intended health issue for these reasons. They considered that the HY sessions created a safe place for them to engage in health discussion without fear of ridicule or judgement (actual or perceived). They suggested that speaking truthfully about troublesome health issues was difficult with a wardagadak (renowned person, health professional) that they did not know or feel 'safe' with, because trust and being respected was very important to disclosure. They identified the HY sessions as a space that honoured the experiences of the yorgas and enabled honest open discussion and it also highlighted that others shared similar experiences and they felt less isolated.

I don't feel shame if I don't know about certain things here. Sometimes if there is shame you don't ask and you never know. I never knew a lot of stuff about health before. It's dardy (very good) that we talk about lots of things coz you gotta know a lot to keep healthy these days (HY6).

Talking about a lot of things is good. It's like (name of reality television). No yarning here is embarrassing (HY3).

If you can't tell the person (health professional) what is wrong or what is happening then it's no good going. If it's a certain thing and you have to tell them all about it and don't feel right about it then you just leave. There has to be a good feeling to tell the truth (HY11).

Feeing shame coz you don't know nothing about it (health topic), and wardagadak (renowned person, health professional) don't make no sense about it. Can't yarn with them about it (health topic), coz it's the wrong thing (to do).

Here is the right way . . . yarning, listening, and helping (each other) in that way (HY7).

Sometimes with the worries you are scared coz no one (health professionals) will know what it's like. When we yarn here we know coz it's about our mob here and what happens here. They know what it's like and yarning helps, sharing the stories . . . me too sort of thing; OK, what do we do? (HY4).

In her PDNs CN also reported an understanding of how participating in the HY sessions offered a safe space to discuss delicate issues and share difficult experiences.

As a health professional I have always thought that sharing my experiences with clients was not advisable; you know "not the done thing, not professional". But since I've come to understand the Aboriginal ways, particularly around relatedness and showing myself for who I am, and being with the yorgas at the same level; at a mutual point, so to speak, I am fine with sharing some of me. The HY sessions are a very therapeutic space and I felt very comfortable telling the yorgas about my personal health experiences. It seemed like the right place to tell my story and I was very grateful that they listened (PDN – May 8, 2013).

Theme: Djaliny moordidjabiny cattacin kootamiara quab (listening and understanding to become strong in health)

The yorgas acknowledged the comradery of the HY sessions as being a key to its success. They considered that it was a key component to developing health knowledge. They suggested that there was a two-way learning between the yorgas participants and CN, and this was built on trust and the development of genuine relationships (Nilson, et al., UR). They felt that the HY sessions brought them together to develop a helping network to support one another towards change and better health.

They also recognised that collectively they could begin to impact on community wellbeing by mobilising family actions towards change.

When we come to cooking and the other things, I get excited to know what we'll yarn about. I like listening to the stories. I learn that way. Listening and thinking about the things for myself. What would I do with that; you know to get better? (HY11).

What I like about yarning is that we all have our say. What's good, what's bad and what we don't know. When we don't know (pointing) (name 1st author) yarns up and when you don't know (pointing to name 1st author) we yarn up. We all got something to share. We trust each other . . . respect, that's how it is in culture (HY1).

We are all djookanka (sisters). We want to help each other and it's starting here . . . learning cooking and vegetable growing, yarning about better ways. Our yorgas are getting strong; deadly, unna? (isn't it). We are passing it onto the mob, but we have to do it slow. If we make changes too quick they'll muck up (HY9).

The yorgas considered that they were developing a strong network to support one another in improving their health outcomes. This was also noted in the PDNs by CN.

When we were at the CASTSIN, Gloria and I listened to an Aboriginal key note speaker talk about the importance of a healthy diet in improving the lives of Aboriginal children. The speaker detailed the impact a healthy diet has on physical and mental growth and development and that currently the statistics suggest that Aboriginal children are disadvantaged due to poor nutrition. Gloria

was inspired and determined to take the message home to the yorgas. So, today at yarning Gloria talked about what she had learned, and the yorgas agreed that they would begin to make changes to the food that the children took to school. Vegetable sticks and fruit for recess and salad and cheese sandwiches for lunch was a big change from biscuits, crisps and sweets (PDN – October, 8 2012).

Discussion

Making the HY topics meaningful to the yorgas was highlighted as an important finding. In this context the strategies to develop individual health literacy were viewed through the Aboriginal cultural lens (MAC & WHGNE, 2008) and the HY topics were selected by the yorgas themselves to ensure that they were relevant to their daily lives and experiences. This strategy ensured that the yorgas were more likely to be attentive during the health yarning and comprehend the shared information because they could connect and relate to the particular health issues or health messages (Aldoory, 2001).

Cultural security is the cornerstone to ensuring (Coffin, 2007) culturally safe practice in the Aboriginal paradigm and Coffin (2007) describes a mechanism known as 'brokerage', which is essential in developing awareness for safe and successful practice. A key component of brokerage is listening and yarning (Coffin, 2007), which is a two-way mechanism (Christie, et al., 2010). In the context of the HY sessions brokerage was the pivotal mechanism where the yorgas and CN came together to yarn about health using protocols of respect, recognition and reciprocity. The yorga participants identified feeling comfortable and unhurried during the HY sessions. Brokerage requires that ideas and values are given time for consideration without coercion (Coffin, 2007), and the use of the cyclic yarning styles during the HY sessions allowed for cultural communication protocols to be followed (Bessarab & Ng'andu, 2010).

In addition, the findings suggested that the way in which health information was communicated was important. Being 'told' was a communication discourse that had

negative connotations of subordination, and 'deciding for themselves' enabled a social discourse, which allowed for their lifeworld voice (Fisher, 1991; Lo, 2010). Suppressing the lifeworld voice in cross-cultural communication, where the person accounts for their personal and contextual experiences, fails to consider cultural safety (Coffin, 2007; Lo, 2010; Lin, et al., 2014). Because Indigenous conceptual schemas for literacy and health overlap it is important to understand how the frameworks for Indigenous literacies link to health (Smylie, et al., 2006). Indigenous peoples' cultural worldview schemas are shaped by the intersection of their whole-of-life experiences (Vass, et al., 2011), and as they navigate through clinical health encounters, they 'mix and match' their appropriate schemas and create new ones as needed (Lo, 2010). The structure of the HY sessions was considerate to cultural brokerage, allowing for mutual inclusion of 'both world' schemas and 'both ways health literacy' to enable the yorga group and CN to organise the shared health information and create new meaning (Christie, et al., 2010; Coffin, 2007; Lo, 2010).

The findings suggested that the HY sessions not only allowed the yorgas time to talk, but also to talk openly without fear of judgement embarrassment or ridicule. Culturally, Indigenous peoples have different concepts of time and behaviour protocols in human communication and interaction. The HY sessions were structured to enable the yorgas to yarn in ways that enhanced cultural safety. The yorgas were then able to share their health stories, which combined their social, personal and historical contexts, and the group responded by devoting time to listen with genuine interest and attention (Towle, Godolphin & Alexander, 2006; Lin, et al., 2014).

Feeling respected and being able to trust each other with shared information were findings linked to the yorgas feelings of surety, contentedness and safety. In the HY sessions CN demonstrated respect by being willing to listen attentively, share experiences, and acknowledge cultural differences and understand that the differences

impact on the way health and wellbeing and illness are perceived (Dodgson & Struthers, 2005). Further, the yorgas considered that they could trust CN to receive and deliver shared information because over time she had been able to demonstrate the behaviours of reliability, competence, openness, concern and compassion (Gilson, 2003). Respect in the Aboriginal paradigm is critical to the development of trust and if the behaviour expectations are not met it generates poor outcomes (Gilson, 2003).

Social connectedness and the development of a framework of support was a further finding from the HY data analysis. The HY sessions were empowering because they had become the yorgas' rightful place to come together to define their health issues and create a support network to encourage action towards change (Labonté, 1989). Providing a platform for the yorgas to come together reinforced the collectivist orientation of the Indigenous worldview that values the social, emotional and physical well-being of a group over an individual, and the yorgas decision making became central with each individual given time to contribute (Dodgson & Struthers, 2005).

Limitations and Recommendations

The authors acknowledge that the ideal sample was difficult to achieve and attenuated by circumstance. Due to transport difficulties the sample could only be drawn from the region's main town and one other and therefore the applicability of the study method and the HY structure and delivery to other similar Indigenous communities needs to be determined. However, it is suggested that the principles generated from the HY session findings be considered as a guide for the structure and delivery of HY sessions in similar Indigenous communities. Using communication strategies such as this inclusive and participatory example has the potential to greatly improve the outcomes of HY that is incorporated into health education and health promotion with Indigenous communities because it is underpinned by cultural communication protocols and practices (Yukaporta, 2009).

Conclusion

The BYHP aim was to provide a broad based culturally appropriate learning environment where health literacy was more than just developing knowledge and skills but a metaphor for healthful living. The yarning styles (Bessarab & Ng'andu, 2010) and the culturally appropriate participatory approaches used in the HY sessions encouraged open communication, which resulted in increased awareness and knowledge. The safe environment enabled the yorgas to come together to understand the determinants influencing their health and helped them think critically about solutions to identified problems and act upon them with the support of one another. In this context, the yorgas were able to construct health knowledge in accordance with what they had self-determined as real and valuable.



Photograph 14 The yorgas gathering for a social yarn

The yorgas participants also often came together as a social event, just to have a 'yarn' and a laugh. The BYHP created a space for friendships and social interaction, which is important for Aboriginal social and emotional wellbeing (Zubrick, et al., 2010).

**Art from the Heart: Using Art Narrative to Describe the Experiences of a Health
Promotion Program in an Australian Aboriginal Community**

The following is a modified version of the published article:

Nilson, C., Kearing, G., Fetherston, C., & Morrison, P. (2015a). Art from the heart: using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community. *The International Journal of Arts Theory and History*, 10(3), 13-32. (Appendix, C).

Introduction

In Western Australia, the life expectancy for Aboriginal and Torres Strait Islander (Indigenous) people is far less than in non-Indigenous with a gap of 14 years for Indigenous males and 12.5 years for Indigenous females (AIH, 2013). A broad range of factors impact on Indigenous people's life expectancy, including adverse social, economic and life events, systemic discrimination and cultural and historical factors (AIH, 2013; Zubrick, et al., 2010). The six major leading causes of Indigenous deaths between 2006 and 2010 were: circulatory diseases, cancer, respiratory diseases, diabetes, injury, and poisoning. Obesity, lack of physical activity, an unhealthy diet, harmful alcohol use and tobacco smoking were identified as the most common risk factors contributing to these causes of death (AIH, 2013; Burns, et al., 2013; MacRae, et al., 2012).

As health and wellbeing is a basic human right and is essential for social and economic development, health promotion is an important community investment. This article describes the use of art narratives as a means of encouraging participants to use art as a 'voice' to communicate their personal experiences and involvement in an Aboriginal health promotion program. In order for health promotion and health education to be meaningful to Aboriginal people, programs need to be sensitive to the models of health that are most appropriate to their communities (McLennan &

Khavarpour, 2004; Taylor & Guerin, 2010). The yorgas (Nyungar word for women) of an Aboriginal Bindjareb community in the Nyungar nation of south west Western Australia sought to improve their health through collaboration with local researchers by implementing a health promotion program specific to their needs: The Bindjareb Yorgas Health Program [BYHP]. This research initiative is grounded in health promotion and health education activities that bring the community together. The BYHP aims are to foster participation, communication and relationship building, the development of personal skills in achieving and maintaining wellness, and the strengthening of community actions by facilitating individual and group self-determination (WHO, 2009). The project design reflects the women's desire for a holistic approach to health and wellbeing that will assist in improving the health of the community's women as well as their families.

Ethics approval to conduct the BYHP study was granted by the Murdoch University Human Research Ethics Committee and the Western Australian Aboriginal Health Ethics Committee. The study used a qualitative naturalistic interpretative methodology (Denzin & Lincoln, 2005) which was guided by the Making Two Worlds Work [MTWW] (MAC & WHGNE, 2008) framework. The MTWW conceptualises Aboriginal health promotion initiatives by the application of an 'Aboriginal lens', which considers specific concepts of Aboriginal beliefs and values pertaining to health and wellbeing. The MTWW framework adopts the five core values for health promotion outlined by the Ottawa Charter (1986) which are: "social justice, empowerment, participation, equity, and a holistic view of health" (MAC & WHGNE, 2008, p. 3). Importantly, it also adopts four values specific for Aboriginal health promotion. These values are "Aboriginal self-determination, a holistic definition of health that acknowledges connection to land and spirit, community ownership and localised decision-making, and recognition of the specific historical, social and cultural context of

the community” (MAC & WHGNE, 2008, p. 3). The MTWW framework has six Aboriginal paintings that form its emblem, which depict aspects of Aboriginal health and wellbeing and are symbolic of the four values mentioned above. The paintings acknowledge that art, symbols and icons have an essential role in the mechanisms for culturally appropriate communication in Aboriginal culture.

The essential role art plays in Aboriginal culture has also been recognised in BYHP through its use as a data collection strategy in the form of arts based narrative (Leavy, 2009), which was used to further the researcher's understanding of the women's experiences when participating in the program. The art produced by the participants also assisted in dissemination of the findings to the wider community by means of a public exhibition. It is these findings that are the focus of this article whilst other data gathered from each of the individual components, through participant observation, direct observation, individual interviews and yarning groups (group discussion) will be analysed and reported elsewhere.

Background

The BYHP offers health promotion in four areas: nutrition and cooking classes, group fitness classes, health yarning classes and a community vegetable garden project. The BYHP is community owned and run. Empowerment occurs when a community takes ownership and responsibility of their health and the credit for its achievements goes back to the community (Dudgeon & Ugle, 2010; Wingard & Lester, 2001). Whilst the BYHP is directed towards the Bindjareb women, Aboriginal people consider health and wellbeing from a whole-of-life approach, therefore family and children of the participants are also welcomed. All components of the BYHP are currently run from the MOASH building located on the grounds of the local primary school, with the exception of the vegetable garden, which has been established on community land on the outskirts of the town. It is anticipated that the cooking and nutrition, physical

activity and health yarning sessions will be conducted from late 2014 in a newly renovated for purpose community Centre building.

Art Narrative Research Design

The research component reported on here is an art-based methodology and uses art narrative as a tool to “describe, explore and discover” the experiences of the participants involvement in the BYHP (Leavy 2009, p. 12). This approach is useful in health promotion research (Boydell, et al., 2012), because the arts can capture processes, which “mirrors the unfolding nature of social life, and thus there is a congruence between subject matter and method” (Leavy, 2009, p. 12). This method supports reflection, action and possibilities for change as it offers representational forms to communicate stories of experience (Leavy, 2009). It was also an important strategy in helping to articulate the Aboriginal perspective and a form of assertiveness within the Aboriginal research paradigm (Wilson, 2008). Furthermore, in this context an arts-based narrative methodology is supported by the theoretical underpinnings of social justice where the subjugated ‘voice’ is heard (Faulkner, 2006).

For centuries Australian Aboriginal people have derived their identity and knowledge of their cultural systems (law, kinship, connection to land, physical, social and emotional health and well-being) through art and storytelling (Davis, et al., 2001; Davis, et al., 2004; Recollet, Coholic & Cote-Meek, 2009), as its inclusion is an integral part of life rather than a separate aesthetic activity (Muirhead & de Leeuw, 2012; Recollet, et al., 2009). This inclusion is evident over generations where grandmothers and grandfathers have used it for cultural teaching and passing on spiritual beliefs (Recollet, et al., 2009).

In keeping with the Aboriginal cultural traditions of learning and sharing through oral and visual dialogue (Yunkaporta, 2009) the use of art narrative enabled cultural expression and symbolic representation of the emotional and physical

experiences related to their individual participation in the BYHP through the use of traditional art (de Leeuw & Greenwood, 2012; Yunkaprt, 2009). Furthermore, this process ensures that the positive stories are being told many times over with different groups of people; and the potential influence of the project is on-going and leading to positive changes in their lives (Wingard & Lester, 2001). The art narrative project was important to the participant group because it has led to embedded stories around the processes and outcomes of the art workshops and has encouraged a re-telling of the narrative of the project (de Mello, 2007).

Participants

In total, eight women and one man participated in the art narrative project. Seven of the eight women were participants of the BYHP. The eighth woman was the study's first author, an adopted 'aunty' to the community. The male was the spouse of a participant of the BYHP and was invited to the art project by the community's woman Elder. The age range of the participants was from 18 years to 60 years and the women participants took part in one, some, or all of the components of the BYHP. Not all participants attended all the workshops. On average each workshop had four participants. The art workshops were informal and relaxed, which created an atmosphere that initiated reflective practice and creative expression (Archibald & Dewar, 2010). Participants were encouraged to bring their children and family and with an open door policy, members of the community occasionally visited the art workshops to review the progress of the work being undertaken.

Art Workshops

Funding from Health Way and Relationships Australia was secured to conduct the narrative art project (Appendix P, 3). In total there were seven three-hour workshops held between April, 2013 and May, 2013. The workshops were facilitated and coordinated by two of the authors: community woman Elder and well-respected

Bindjareb woman artist, Gloria Kearing and first author Caroline Nilson. They were conducted at the same community centre (MOASH) as the components of the BYHP and therefore the venue was familiar and culturally safe. During the first workshop the participants were briefed on the logistics of the project (workshop dates and times, exhibition dates, etc.), and the remaining workshops were devoted to the development and completion of the participants' art works. The facilitator Gloria Kearing guided and supported the participants with their work, advising them on the use of colour, symbols, and icons used in Aboriginal art. She prompted, and encouraged the participants to translate their experiences into Aboriginal symbols and icons, which became 'storytelling' tools for them to translate their experiences to visitors coming to view the exhibition.

Exhibition

The art narrative project culminated with the art works being exhibited in the Contemporary Art Spaces Mandurah Gallery, Western Australia. The exhibition ran for six weeks during August and September 2013. The official opening of the exhibition was attended by 65 invited guests, and comprised of representatives of the funding bodies, the artists and their families and friends, and members of the local arts community. The exhibition was promoted in the local and regional newspapers and received a total of 530 visitors. During the exhibition artist talks were scheduled so that members of the public could meet with the artists. Small groups were taken through the gallery by the artists and the art works were individually discussed and interpreted. As a cultural sharing opportunity a workshop was also organised for a migrant group, who were studying English as a second language at the local tertiary institution. First, Gloria Kearing conducted a guided tour through the exhibition, providing the group with a background to the art narrative project. This was followed by an interactive drawing activity using Aboriginal art symbols and icons.

Data Collection and Analysis

Data was gathered from the participants throughout the duration of the art project. This took the form of unstructured interviews that were audio recorded with individuals at each art workshop and at selected times during the exhibition. Each participant came together with the researcher “to create a context of conversational intimacy” where they felt comfortable with telling the story based on their artwork (Corbin & Morse, 2003, p. 338). As the participant's paintings were specific to conveying their individual message, they were ideal research tools to elicit non-threatening discussion (Leavy, 2009). The researcher, where appropriate, responded to the participants during the course of the interviews, by probing and asking for clarification; however, the participants were encouraged to tell the story of their experiences as they felt it and saw it (Corbin & Morse, 2003).

Using the computer-based program, Artichoke TM (Fetherston, 2013) thematic analysis was undertaken. Thematic analysis occurred using descriptive coding, interpretative coding, and overarching theme development (King & Horrocks, 2010). Using repetition, forcefulness and recurrence as the three points of reference (Overcash, 2004), four themes developed. Charting, mapping and interpretation of the data (Ritchie & Spencer, 1994) was conducted by inserting verbatim quotes from the interviews under the newly formed headings of the thematic framework.

Findings and Discussion

Themes and sub-themes generated from the data analysis are presented in Table 13. Due to the constraints of the article, only a few verbatim quotes from the interviews, photographs of the art works, and photographs taken during the exhibition are presented below as supporting evidence. Data are referenced to the art project participants by numbers (P1, P2 etc.).

Table 13 Narrative art project themes and sub-themes generated from the participants' experiences.

Themes	Sub-themes
Individuals Coming Together for their Health and Wellbeing	Community involvement in the program development. Participating in health promoting activities. Feelings of empowerment: gaining skills in health and wellbeing maintenance.
Processes in mobilising community social relationships	Feeling a sense of belonging in a culturally safe environment. Engaging with and encouraging others. Building relationships with connections to the health themes.
Individuals developing self-identity through painting their experiences	Reconnecting to cultural and spiritual roots. Developing self-esteem through accomplishment. Feeling comfortable with self-expression, emotional expression, and openness.
Individuals' creativity contributing to community empowerment	Taking pride in their contribution to their cultural identity. Feeling a sense of belonging and connection to the community through art. Raising awareness contributing to community resilience.

Individuals Coming Together for their Health and Wellbeing

The women considered that the BYHP provided them with opportunities for culturally safe participation. It enabled them individually and collectively to develop new knowledge and skills around their health and wellbeing and link together with other women from the program to achieve change. The participants considered that community control and involvement in the program was an important aspect towards taking responsibility for locally perceived health issues. They felt that because the BYHP was community owned it recognised the local cultural knowledge and understanding of health and wellbeing. The ways in which health knowledge was communicated to the participants and then learnt and processed was also acknowledged as important. This is captured in Figure 13, where the BYHP is centralised and is

positioned to 'draw' community members into the 'safe place' that it provides; away from the trials and tribulations of their lives.



Figure 13 Coming together as one - Community members coming together to participate in the BYHP

The outer circles are the women from my community that have all come together to learn about better eating and healthy living. You know, this is our program and we wanted it. The dots join us together in the program. The small waves (beyond the orange line) show the troubles in our lives that are outside (of the program). The yellow and orange lines are blocking out the troubles. We come to the cooking and the exercise and the yarning and we can forget about the troubles and learn how to be healthy. We feel comfortable to come together. We can think about and talk about our ways to do things. Together we see how to make changes that everyone will like (P1).

The importance of community ownership and control is a finding that concurs with other research in the area of health promotion (Coombe, Haswell-Elkins & Hill, 2008; Barnett & Kendall, 2011; Foley, et al., 2011). Health promotion programs, which

actively engage communities in the planning and facilitation processes, are more conducive to participation and to sustainable changes in health and wellbeing behaviours. Furthermore, the findings, in relation to providing a culturally sensitive “safe” place conducive to participation are confirmed by others (Abbott, et al., 2012; Benoit, et al., 2003; Yunkaporta, 2009). Health promotion and preventative health programs that offer support and encouragement in a safe place, away from the usual troubles that surround the participants, enable them, individually and collectively, to voice their aspirations and interests. A safe place is important to cultural comfort and can affect control, confidence, and feelings of safety. Feelings of safety impact on learning.

Learning in an Aboriginal context is linked to their ways of knowing, being, and doing which are informed by one another (Martin, 2003). The ways of knowing are the Aboriginal reality, learnt in “certain contexts, in certain ways at certain times” through the senses and experienced by application (Martin, 2003, p. 9). In times past, ways of being were conducted with kinship groups and on “country” (traditional land), but in current times connections need to be established to determine “relatedness” (Martin, 2003). Group and individual identities and the roles of groups and individuals are expressed by Aboriginal ways of doing (Martin, 2003). They are expressed in language, art, social organisation and control, and community position, just to mention a few, and guide behaviour and actions (Martin, 2003).

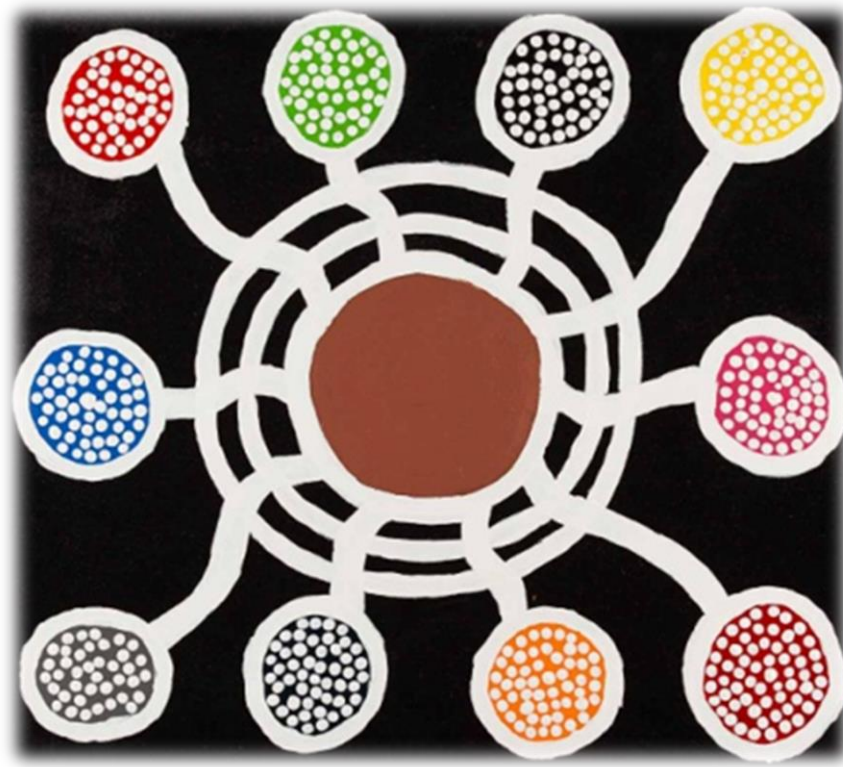


Figure 14 The whole me - Depicting the aspects of individual knowledge development through the BYHP.

The circle in the centre is me and each of the coloured circles is my path to something good. They are (pointing to each circle) health, happiness, education, skills, employment, physical activity, food (from the vegetable garden), future prospects, opportunity, and family and community spirit. Through our women's program I'm building these. When our centre is finished I hope that our community will have these too (P2).

Figure 14 depicts personal empowerment as a central focus. This is extended to others as each “arm” of possibility reaches out towards them. Feelings of personal empowerment and hopes of extending the empowerment to others were discussed as being an important aspect of the BYHP. In a program context empowerment at an individual level enhances self-esteem and builds confidence, which impacts directly on health outcomes. An individual's engagement and interest with the participation of

others is also related to empowerment as the intent is to bring about change in the wider environment (Laverack, 2006).

Processes in Mobilising Community Social Relationships

Self-confidence is linked to how assured a person feels regarding mastery of a particular ability (Louth, 2012). A lack of confidence in cooking skills and sporting ability or not wanting to be judged, was considered by the participant's as to be a deterrent to coming to the cooking classes and the group fitness classes. To avoid embarrassment or "shame" Indigenous people will avoid failure by nonparticipation, rather than engage to succeed (Louth, 2012). In overcoming this hurdle, the findings suggest that having their participation supported by other members from the community was an essential link to engagement. Successful engagement resulted in the participants feeling they had developed knowledge about nutrition and healthy cooking and understanding the importance of regular physical activity. In talking about her drawing, pictured in Figure 15, participant seven highlights the importance of being supported and encouraged to participate by other community members.

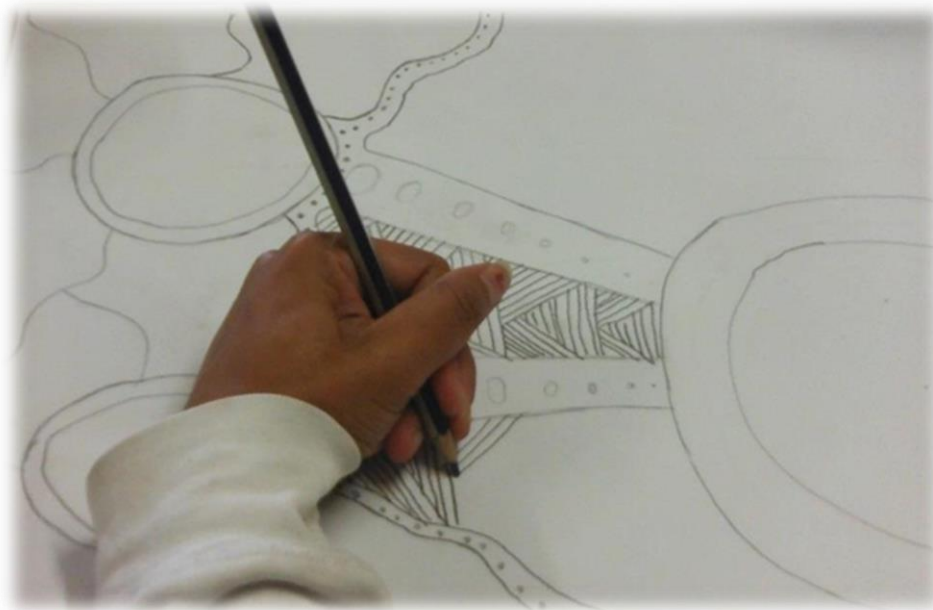


Figure 15 A drawing describing the benefits of social inclusion on knowledge development

My drawing shows the cooking classes in the big circle and the two small circles are me and (name of son). The paths are us coming to the cooking classes and learning how to cook. I want to cook healthy food for (name of son) and I didn't know how to. There is 'shame' (embarrassment) if you make a fool of yourself. The lines in between, here and here, (pointing to the thin lines between the paths) show how (name of the woman leader) and (name of woman Elder) have helped me and (son) come to the classes to learn. The dots in the skinny paths are me and him (son), telling our family about what I have made in cooking (P7).

Health promotion programs in Aboriginal communities that emphasise the social aspects of the program increase participation and engagement. Environments that are non-threatening and will accommodate the participant's children are conducive to learning (Abbott, et al., 2012; Benoit, et al., 2003; Foley, et al., 2011). Similarly, programs that have the community Elders and leaders as coordinators encourage a positive community response. As role models they are visible to the community and encourage the "collective nature" of the community to combat health issues (Barnett & Kendall, 2011, p. 32).

Although the program was developed for the women of the community because they were traditionally responsible for their family's health, the women liked that the program allowed for the inclusion of family members. They felt that this was important because they could also engage in the benefits of the program and build social relationships in a positive environment (Abbott, et al., 2012). Furthermore, research has found that children's behaviours are guided by parental behaviour, and that health behaviour changes are positively influenced by social support within families (Anand, et al., 2007). The importance of family inclusion is highlighted in Figure 16.



Figure 16 My learning journey - Describing the inclusion of family members into the BYHP

The background is my family. The hands prints belong to my husband and children. In the front there are all the things that we do in the program; cooking, zumba, boxing, walking and the vegetable garden. The white lines link all of them all together. The bull's eye in the middle is where everything that we learn goes to my family. I like that my family can come to the program too. It makes it social and it's a positive place, safe place to come to do healthy things (P3).

In addition, the art project itself allowed for the development of social cohesion and it promoted an identity around the health themes of the BYHP. This supports other research that has found art facilitates traditional health promotion and has a positive effect on social support and reduces isolation (Archibald & Dewar, 2010; Carson, Chappell & Knight, 2007; Clarke & Willmuth, 1982). Clarke & Millmuth (1982, p. 25) explain the “importance of comparing perceptions, thoughts and feelings with others as

an important feedback mechanism, particularly as they have gained credibility for discussing significant issues". The photographs in group photographs 15 show participants concentrating on developing and completing their art work.



Group Photographs 15 Yorgas and family members at the art workshops.

Individuals Developing Self-identity Through Painting their Experiences

The creative art process was a vehicle for self-expression and gave the participants an avenue to explore their self-identity in relation to their experiences of the BYHP. The participants felt that being able to express their feelings and experiences creatively developed their self-confidence and self-esteem. It was also a way to connect to their traditional ways of storytelling. They felt the stories in the art would tell others in the

community what they needed to do to be well; the art work becoming a “living, vibrant, and material documentation” demonstrating resilience and strength (de leeuw & Greenwood, 2012, p. 6). Art in Aboriginal culture can bridge the health gap by linking a person's past health to their present health, and to their future health (Davis, et al., 2001). The glowing radiance emanating from the silhouette in Figure 17 depicts resilience and strength.



Figure 17 Glowing reflections - Using art as a vehicle of self-expression.

The silhouette is the symbol of me as a “new” person because of the program.

The glow of orange and yellow rays flowing out from me is all the positive energy. The orange and yellow rays are flowing from my silhouette reaching out to my family and the community telling them about how good I am feeling.

Telling them that this is what they need to do to be well (P1).

These findings correlate with the results of other's research (Lu & Yuen 2012). Painting that expresses feelings and emotions and engages the artist in the development of self-identity, gives them a ‘voice’ to their story. The viewer is often able to make

connections with the artist, by engaging with or wanting to experience the connection (Threlkeld, 2003). Further, the story of social action told by the artist through the painting is more likely to be continued beyond the activity or program (Lu & Yuen, 2012). The discovery of self-identity is captured in Figure 18 as the brightly coloured circles grow and enlarge away from the central person.



Figure 18 Positive strength - Using art as a vehicle of self-identity.

This is me. Starting off in the center, I am positive and growing stronger because of the program and thinking of the future and our new center (P2).

The participants considered that the BYHP provided them with a sense of purpose and connection. This was depicted in Figure 19 in relation to the destruction of Aboriginal peoples' social fabric through colonialism (Zubrick, et al., 2010). Taking part in a program developed and owned by the community restored a sense of purpose and cultural identity and reignited their feelings of cultural pride and heritage.



Figure 19 The healing - Describing how the program provides the participants with purpose

My painting has the Aboriginal flag colours at the back. The drip lines show sadness because of what has happened to our culture and people because of the wadjallas (white people). The heart in the middle is our program. It gives us something back, you know, purpose. It makes us proud of who we are (P4).

There is evidence of a wide range of potential health benefits in arts programs with Aboriginal communities (Archibald & Dewar, 2010; Carson, et al., 2007; Davis, et al., 2001). For Aboriginal people the arts are relevant to healing and health (Archibald & Dewar, 2010; Carson, et al., 2007). Art can be a tool for cultural healing as it is non-intrusive and gentle (Archibald & Dewar, 2010). Art is a powerful tool in therapy which enables participants to reach behind their defenses, resulting in a heightened self-awareness and the discovery of self-identity (Archibald & Dewar, 2010).

Individuals Creativity Contributing to Community Empowerment

The participants had feelings of individual and group self-confidence and pride on completion of their art pieces. Feelings were heightened by having the works exhibited. These feelings were described as being on a “higher level” (P1). There was a sense that displaying their work to the wider public was an opportunity to inform them of their community activities and for cultural sharing. The additional events of the artist's talks and the artist workshop, which were organised during the exhibition, were important from a social perspective. The workshop conducted with the migrant students was seen as an important opportunity for Australian Indigenous cultural acknowledgement. They felt that sharing their cultural icons and symbols with different cultural groups was important to renewing their culture. So too, was having their cultural icons and symbols witnessed and acknowledged. They expressed pleasure in seeing their art work displayed in the gallery and considered that it acknowledged the Bindjareb people. The acknowledgement was twofold; first in the importance of their contribution to the expression of culture and second in the way it recognised their inherent place in the region.

Seeing all our paintings up in the gallery was really cool. Goodness, I had never seen so many people come to an art opening. I was nervous with all those people. You know we felt good when we were doing the paintings. We talked and everyone felt good about what they had done. Telling the story behind each painting. It made everyone feel that they had really achieved something. But when the work is up in the gallery it's even greater, you know, on a higher level. It shows others that we belong here on this land and it shows them about how our culture is important to us. The workshop with the mob (group) of students was good. We shared our stories with them and showed them our symbols for all the different meanings, and when they used them (our symbols) to draw their stories of how they came here, it was good, because they could share their

stories with us in the same way. Telling them about our culture and heritage was good because they (student group) even came out to us (Pinjarra community) and we took them on a tour of the Pinjarra Massacre Site. They wanted to know the history (P1).



Group Photographs 16 Migrant students using Aboriginal symbols to draw their experiences of their migration to Australia (with permission).

In a letter received (Figure 20) from the migrant student group, it is clear that they enjoyed learning about Aboriginal art in the context of the exhibition and gained and understanding of Aboriginal cultural processes.

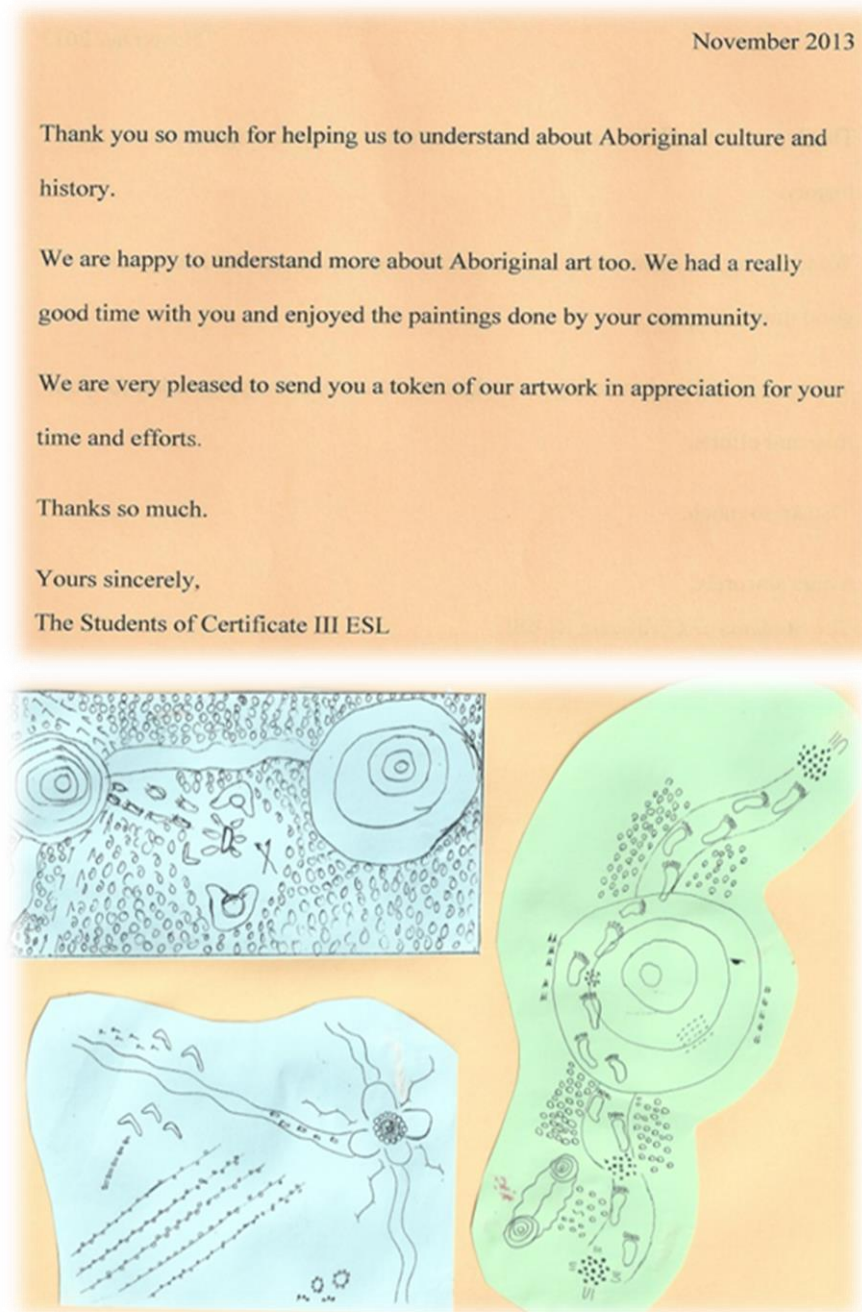


Figure 20 Letter of appreciation received from the migrant students.

With regards to sharing cultural symbols and icons, Indigenous art narratives offer an understanding to the importance of identity and place. Malone (2007, p. 6) suggests that for:

Indigenous people, it enables them to see their cultural heritage reflected in public space, and therefore to see that they are not invisible. For non-Indigenous

people it can assist in creating a more intimate understanding of the Indigenous nature of place through a better understanding of Indigenous cultural traditions.

The literature supports participation in community arts events such as exhibitions, festivals and public art installations that can result in an individual and collective sense of identity and is important to communities with regards to wellbeing and revitalisation (Anwar McHenry, 2009, 2011; Wiseman, et al., 2005). Furthermore, art can be used to raise awareness; as a marketing tool for groups and individuals to demonstrate skills in problem solving and identifying issues and mobilising towards change (Kilroy, Garner, Parkinson, Kagan & Senior, 2007). It is clear that the artists enjoyed giving the artist talks (Group Photographs 16 and 17). It provided them with an opportunity to voice their experiences of their involvement in the BYHP in a meaningful way. Art facilitates conversation and promotes dialogue and brings people together despite economic and cultural differences (Leavy, 2009). Having the representation of the art work explained connects the viewer on an emotional level and evokes a deeper understanding (Leavy, 2009).



Group Photographs 17 Yorga artists' talks given to members of the public

I felt good talking about my painting. I was really proud because I wanted to share what it meant to the visitors. I wanted them to see that we were being active and healthy and that we were learning about healthy eating. Because we want it for us. Our family and our kids (P3).

In a conversation with the authors at the opening of the exhibition on August 7, 2013 a member of the public confirmed a new appreciation and understanding of the complex issues that Aboriginal people have with the burden of ill health:

The exhibition was very powerful. Speaking with the lady Elder was enlightening. Not having access to traditional food has created many problems. The health program seems to be giving them hope for the future (Personal communication, August 7, 2013).

Future Directions

The exhibition entitled Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny (loosely translated: Our Families Coming Together to Talk About Stories) generated great interest in the surrounding region, and from the wider art community. The MDAA and City of Mandurah and Contemporary Art Spaces Mandurah are jointly preparing for the exhibition to go on regional and state tour in 2015. The tour is proposed for a two-year period. It is anticipated that project management will be conducted by a professional art touring organisation.

Community participation in the arts on a civic level is linked to engagement, empowerment, revitalisation, and resilience (Wiseman, et al., 2005). Community civic participation provides opportunities for connections, networks, and partnerships and is linked to the development of social and cultural capital (Daly, 2005; McEwen & Flowers, 2004). Outcomes of civic participation are crucial to sustainability and offer opportunity for employment and professional development, which in turn build

individual and community capacity (Anwar McHenry, 2011; McEwan & Flowers, 2004; Wiseman, et al., 2005).

Conclusion

The article has detailed how the art narrative project provided the participants of the BYHP with an avenue to culturally and artistically present their experiences of engagement with health promotion activities to the wider community. Having the art works exhibited and being able to share their experiences with the wider public was considered meaningful to the participants because it provided an important link to disseminating important knowledge of their Aboriginal culture and society (Christensen, 2012; Keen & Todres, 2007). The findings suggest that art is a powerful tool for disseminating the experiences of the participants taking part in the four components of the program. The four themes derived from the data analysis were related to the participants' development of health and wellbeing from an Australian Aboriginal perspective; the whole-of-life view (Lock, 2007).

The BYHP has engaged members of the community and brought them together and developed and nurtured relationships. In this context the participant's artworks has shown that learning occurred in the Aboriginal ways of knowing, being and doing, where each is responsive to the other (Martin, 2003), within "a network of relations and amongst entities (Eg. food types, walking paths, traditional land) that are reciprocal and in certain contexts" (Martin, 2003, p. 9). Engaging and learning is "responsive to dimensions of individuals, the group and interactions with outsiders . . . this incorporates the contexts as well as the processes" (Martin, 2003, p. 9). The narrative art project created a context and through the processes the participant's health and wellbeing experiences from the BYHP were 'voiced' through feelings of engagement, purpose, cultural revitalisation, cultural pride and sense of place, and resilience.



Group Photographs 18 Narrative art project workshops

Beyond the research time frame, and in collaboration with the City of Mandurah; Contemporary Art Spaces Mandurah, Caroline supported Gloria Kearing to hold her own solo art exhibition in July, 2015. Caroline saw this as an opportunity for Gloria to develop her career as an emerging artist, and more importantly to develop confidence, self-determination and individual capacity, which would have a flow on effect to her family and community. Funding support was obtained from the Soroptimists International Riverside, and Murdoch University and the City of Mandurah provided in-kind support. *To Be Complete – Gloria Kearing* (Appendix AA, 2).

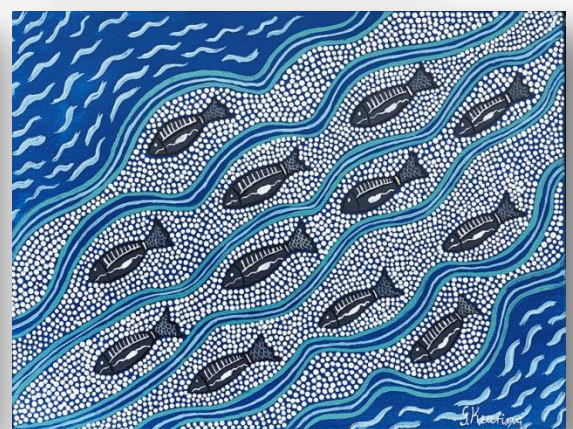


Figure 21 Some paintings from Gloria Kearing's solo art exhibition

A Journey Towards Cultural Competence: The Role of Researcher Reflexivity in Indigenous Research

The following is a modified version of the article under review:

Nilson, C. (Under Review). A journey towards cultural competence in Indigenous research: The role of researcher reflexivity. *Journal of Transcultural Nursing*.

Manuscript Reference Number: JTN-15-193 (September 4, 2015). (Appendix F)

Introduction

This reflective narrative relates to my personal growth as a result of my collaborative role in a research study with the Aboriginal Bindjareb Nyungar women Leaders and Elders of an Aboriginal Association (MDAA), in south west Western Australia. This article will provide an insight to the importance of researcher reflexivity for non-Indigenous researchers undertaking or considering engagement in an Indigenous arena. Reflexivity in qualitative research is integral to developing a heightened self-awareness of the processes and the context of the research (Elliott, 2005). Historically, the interactions between European culture and Australian Aboriginal and Torres Strait Islander peoples, and Indigenous peoples worldwide, has a long history of oppression and domination (Martin, 2008; Smith, 2005; Wilson, 2008). Therefore, to ensure that the core values of reciprocity, respect, equality, responsibility, survival and protection, and spirit and integrity are upheld in the Indigenous research paradigm (NHMRC, 2007), it is paramount that the researcher develops the capacity to reflect on any stereotypical assumptions or idiosyncratic concepts that they may have (Belfrage, 2007; Martin-McDonald & McCarthy, 2007; Russell-Mundine, 2012; Wilson and Neville, 2009).

This requires the ability to reflect on self-identity and to become self-aware. Self-identity is neither a single distinctive trait nor a multitude of traits, but rather the “self as reflexively understood by the person in terms of her or his biography” (Giddens,

1991, p. 53). Self-awareness is having a clear perception of self (weaknesses, strengths, emotions, motivations, thoughts, beliefs), which assists in understanding other people and gauging how they perceive the attitudes, actions and responses of you and others (Finlay, 2002).

By assuming a reflexive and reflective attitude I have searched and explored within myself to identify and examine my cultural norms, contradictory feelings and ambivalence, and my worldview orientations and their resulting assistance and resistance to my research journey. Wanting to provide the reader with a true sense of my learning journey, I intend this narrative to describe not only the 'commonplace' strategies that I have used to prepare myself for undertaking this research, but to present in an emotionally honesty way, aspects of personal vulnerability and credibility. I have addressed these components through the use of my recorded personal diary notes [PDN], which form the basis of my scholarly personal narrative [SPN] and demonstrate the experiences that I have reflected on and learnt from (Newbury, 2001). SPN is richly described by Nash (2004, p. 29) who suggests that:

Although SPN is personal, it is also social. Although it is practical, it is also theoretical. Although it is reflective, it is also public. Although it is local, it is also political. Although it narrates, it also proposes. Although it is self-revealing, it is also evokes self-examination from the reader.

Through reflexivity I have been engaged in many types of reasoning (deductive, inductive, abductive, reductive, fallacious, criteria) (Walton, 2001), to make sense of my thoughts and feelings; returning to explore and examine my learning experiences again and again. My own experience becomes my "touchstone of validity" (Rogers, 1961, p. 23).

Background

My engagement with the women leaders and elders of the MDAA is grounded in my biography. Growing up in colonial Africa the subjugation of black African people happened all around me and on reflection, it is where the seeds for learning about and wanting to assist vulnerable and marginalised people first emerged in my life. To this end I identified a need to assist with the MDAA's request to collaboratively develop and deliver a health promotion initiative in the Bindjareb community. At the request of the women Leaders and Elders, my initial role was to develop and facilitate a cooking and nutrition class for the community's children. In 2011, I volunteered my time to the Deadly Koolinga Chefs [DKC] program. The children learned to plan, shop for and prepare a healthy meal for four people. The success of the DKC program resulted in a request by the MDAA for a broader health promotion initiative to address health and wellbeing issues experienced in their community (Vos, et al., 2009).

The Bindjareb Yorgas Health Program [BYHP], which subsequently evolved into a research study, and the topic of my doctoral studies. Ethics approval was granted by Murdoch University Human Research Ethics Committee and Western Australian Aboriginal Health Ethics Committee. The BYHP has four components, which comprise cooking and nutrition classes, physical activity classes, health yarning sessions, and a community vegetable garden project. The results of these components have been or will be reported elsewhere (Nilson, et al., 2015; ^aNilson, et al., UR; ^bNilson, et al., UR; ^dNilson, et al., UR).

My collaboration with the MDAA required that I wear many hats and as a registered nurse and midwife I needed to be prepared to respond to circumstances that required my professional services. To gain a better understanding of Aboriginal health issues and to upskill on the current care and management protocols I completed the Remote Area Health Core Health Practice e-Learning modules. Although the research

setting was located in a regional setting close to medical services, the preparation stood me in good stead. (Appendix W, 4. Due to space constraints only 1 of the 14 certificates is included).

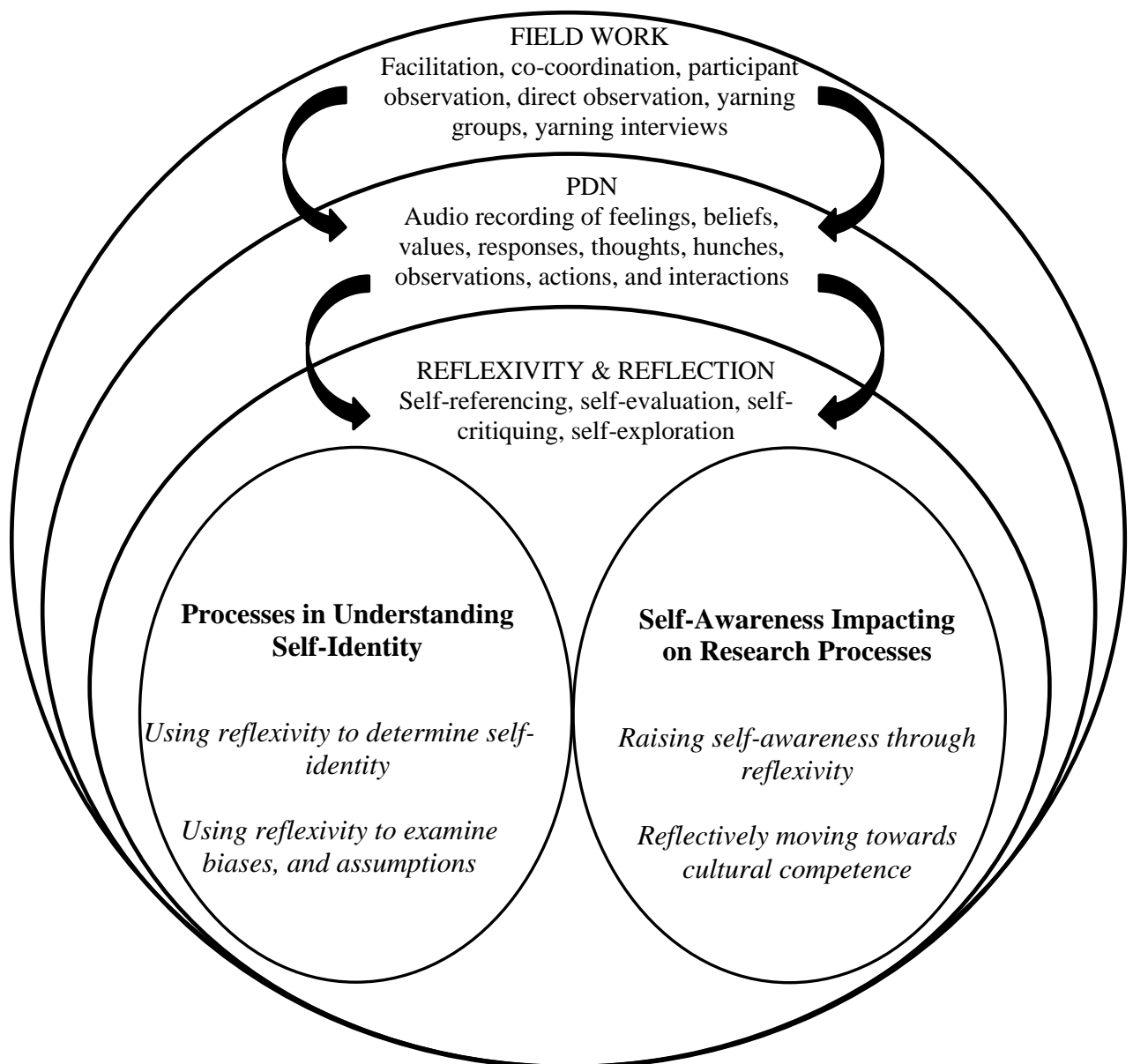
Fieldwork and Personal Diary Notes (PDN) – An Avenue for Reflexivity

The fieldwork undertaken in my research has been immersive in nature and conducted over a period of 24 months where I audio-recorded my PDN on the 30minute car drive to and from the research setting. Newbury (2001, p. 3) refers to PDNs as “a melting pot for all of the different ingredients . . . a means of capturing the resulting interplay of elements”. Apart from recording the processes of the research, I used the audio-recorder to vent, analyse, clarify and question my feelings, responses, thoughts, hunches, observations, and interactions. Verbalisation of my states of being and actions provided me with an avenue to channel them from an internal dilemma toward an appropriate external course of consciousness and action (Newbury, 2001).

Figure 22 provides a visual account of my fieldwork and the two themes relating to my reflexive and reflecting learning journey are positioned centrally. These themes emerged having familiarised myself with over 120 hours of recorded PDNs. The outer circle of Figure 22 represents the space that I occupied while conducting the fieldwork. In the early part of the research this space was liminal; a threshold; the place of transition, not knowing and waiting (Warren & Hytten, 2004). With a lack of cultural knowledge regarding the correct protocols for interaction, I was vulnerable and out of my depth. However, I knew that reflexivity was the key for a decolonising and transformative interface (Dudgeon, et al., 2010b). My role within this space was multi-fold: a facilitator and coordinator of the BYHP; a participant observer; a direct observer and an interviewer. I gathered data by making observations of place, space, people, behaviour, activity, groups and artefacts at the research site and I also began to search for meaning, relationships and underlying patterns. The middle circle represents my

audio recorded PDNs, which directly resulted from my experiences during the fieldwork. Triggered by my experiences, the inner circle is of most significance. Through reflective processes I created a cycle of self-learning to develop self-identity and self-awareness, enabling me to position myself in the research. This is best described as a process of developing a personal epistemological awareness (Hofer, 2001). Using SPN, the remainder of the article will detail the processes I used to develop self-identity and self-awareness and where space constraints permit, illustrative scenarios from my PDN are included.

Figure 22 My processes of reflexivity and reflection through fieldwork and PDNs



Processes in Understanding Self-Identity in the Research Setting

Using Reflexivity to Determine Self-Identity

Few people know how to articulate or take the time to thoroughly 'think out' their worldview (Schäfer, 2004); however, it was important that I reflected on what had influenced the shaping of my attitudes, behaviours, values, beliefs, and views. In the first instance this was important for the processes and outcomes of the research (Belfrage, 2007; Martin-McDonald & McCarthy, 2007; Russell-Mundine, 2012; Wilson and Neville, 2009), but I soon realised that it was a very important journey of self-discovery.

The structures and processes of my upbringing were the scaffold of my self-identity and my experiences gained through the scaffold defined my world view and provided me with my lines of action (Mezirow, 1981). However, I was aware that sometimes my lines of action were so set, that I had a strong tendency to reject ideas, actions and processes that did not fit my perceptions and it was not until I was situated in the research, that I realised that my learning needed to move toward reframing my references to be more responsive, inclusive, integrative, and self-reflective.

It seems incredible to me that I have come to this point in my life and have taken the framework in which I live my life for granted. I have never really had to reflect on what makes me 'tick' and how my life framework really evolved. In my professional life I've learnt about so many theories that govern the everyday lives of humankind, but I have never really contemplated my own theory; my worldview. I guess I have had this taken-for-granted attitude and consider that my model of life is 'right' and 'normal'. Is this because of arrogance or ignorance or both? It is really quite confronting but at the same time liberating (PDN – November 6, 2012).

Guided by Mezirow's (1981, p. 12) levels of reflexivity I drilled down through my scaffold to reflect on my self-identity and my worldview. I began with a simple reflection on my habits and perceptions of behaviour (day-to-day activities; roles and responsibilities; rituals; work; recreation). Progressing to affective reflexivity I considered my feelings about my habits, my thinking, and my behaviours. Through discriminant reflexivity I examined my reality contexts (cultural beliefs, biases and social positioning); social beliefs (civic and social behaviours and norms, family models, education and professional standards and standing); religious beliefs; lifestyle beliefs (nutrition, sporting and recreation beliefs), the efficacy of my thoughts, actions and habits of doing things, and identified rules, roles and conventions. Judgmental reflexivity allowed me to become aware of value judgements about my perceptions, actions, and habits (my likes and dislikes, my positivity and negativity toward issues and behaviours).

The processes of reflexivity are captured below in the excerpts from my PDNs when reflecting on the worldview held by me compared with what I have observed and noted of the women research participants.

I can't imagine not having a plan for the day; a reason to get up in the morning; to make each day count. Having a sense of fulfilment and achievement in what I have done in that day. The way I live my life seems almost prescriptive. Isn't that how everyone should live? I eat well, I work hard, I am committed to being active, I like to excel, I'm law abiding and I like to contribute to the community . . . It frustrates me to see people abusing themselves . . . not taking care of themselves, eating poorly, not exercising, and the risk behaviours; excessive drinking, smoking and so on. It's about having a purpose . . . it's so important to have a purpose (PDN – January 27, 2012).

The next three levels of Mezirow's (1981, p. 13) reflexivity required critical reflection. I became 'aware of my awareness' and began to critically 'critique it'. Conceptual reflexivity and psychic reflexivity positioned me to recognise any habits that lead me to make judgements about other people based on limited information and to recognise the participatory influences to the way I thought, perceived and acted. Through theoretical reflexivity I became aware of my "taken-for-granted cultural and psychological assumptions" and recognised my impulsive and inadequate judgements and conceptual perceptions. I realised that this had resulted from seeing, thinking and acting and not so much about my reflected and explained personal experiences.

No matter how I try to argue my position and reconcile my attitudes, my knowledge of Aboriginal people has been socially constructed. I have not formed these attitudes by intention, but as a process and product of my life's experiences; my worldview. I don't consider myself prejudiced at all and it is not the fact that they are Aboriginal people, it is about behaviours. I have had to really grapple with some of my assumptions and preconceived opinions about their health behaviours. There is so much I need to understand (PDN – March 19, 2012).

While "uncovering" my self-identity, it was uncomfortably apparent that up to this point I had embodied a whole set of unreflective assumptions and presuppositions about how other groups of people manage and live their lives. I began to recognise that I had alter-egoistic ideals about health practices, behaviours, and attitudes. In Alfred Schutz's (1968, para. 2) philosophical work pertaining to "the study of the world of daily life" he refers to the common sense assumption where:

In daily life, men take for granted the reality of their experience: they assume, naively, that they share the same world with all other 'normal' perceivers; and

they assume that were they to change places with others, they would see the world in essentially the same way the others do.

My assumptions had the potential to damage my ability to develop reciprocal relationships with the women, and risk the research efforts. I felt I needed to understand how Aboriginal people constructed their worldview. By completing the Cultural Standpoint Questionnaire developed by Rhonda Ashby (nd), I became much more aware of the Aboriginal whole-of-life approach to the development of their worldview and their ways (being, knowing, doing, valuing) that governed their lives. Understanding that these ways have been damaged as a consequence of colonialism, I experienced conflicting emotions. I was burdened by guilt, confusion, shame and anger because of the subjugation of Aboriginal people by white supremacy, but I was also aware that 'white guilt' could be a "paralysing sentiment" and unhelpful to people of all colours (Leonardo, 2004, p. 140).

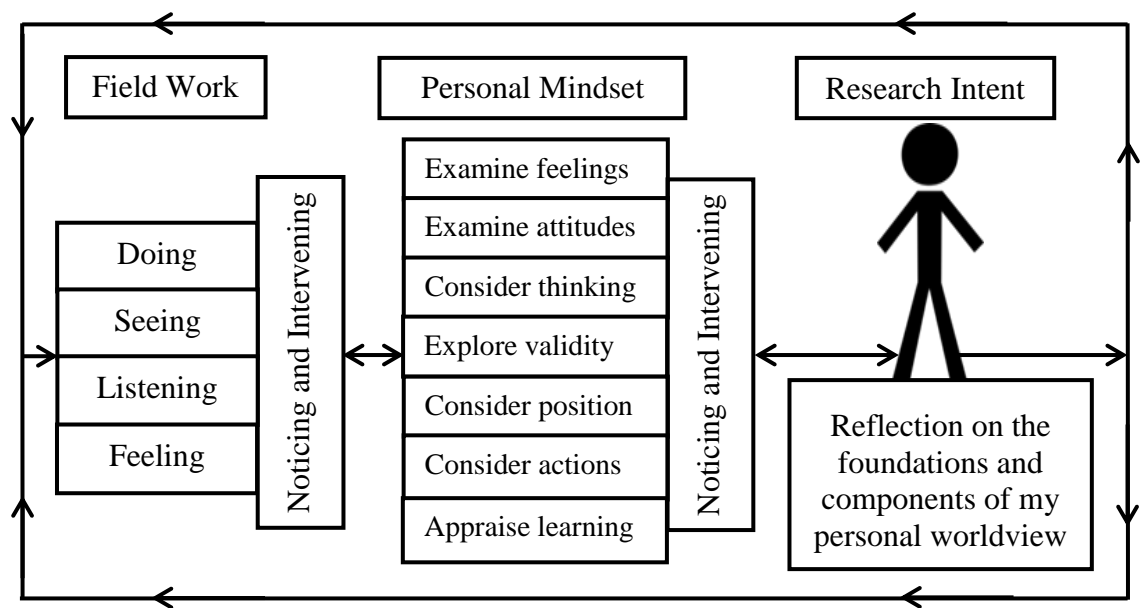
I can really feel my 'whiteness' every day and I can really feel the emotional turmoil. I struggle with these feelings because I swing daily between two hugely contrasting environments. I leave home which is the zone of my worldview and self-identity and spend the days in the zone of the Aboriginal worldview and self-identity, which has been fractured by the ongoing effects of colonisation. Sometimes I feel such shame and guilt for being white, understanding what colonisation symbolises to Aboriginal people. Yet, conflictly, I feel frustration toward the women for not moving forward and being proactive about their health and wellbeing (PDN - March 19, 2012).

My views regarding health practices, behaviours, and attitudes have also been greatly influenced by my nursing practice. Working through the processes of reflexivity I concluded that my self-identity was not rigid and inflexible and could be shaped, but that absolute flexibility was also not a useful approach to a balanced worldview (Fisher,

2010). In terms of the research processes, absolute flexibility had the potential to lead to over familiarisation. I needed to be mindful of missing crucial behaviours and actions because they had become so familiar that I took them for granted. Total inflexibility on the other hand would create difficulties with my relationships, leading them to be superficial and 'one-way'. By failing to develop a reciprocal relationship I could become disengaged from the research processes and be oblivious to the resulting irrelevance of the project outcomes (Dudgeon, et al., 2010b).

Using Reflexivity to Examine Biases and Assumptions.

Criticos (1993, p. 162) observes that transformative learning does not occur from a positive experience but from "effective reflection" and that "an act of learning can be called transformative only if it involves a fundamental questioning and reordering of how one thinks or acts". I knew that I would not go back to my old modes of thinking (Tomaselli, Dyll & Francis, 2008), but I was mindful that the transition would be difficult to negotiate and "compromise, stalling, backsliding, and self-deception" would be a possibility (Mezirow, 1981, p. 8). To ensure that I actively invited and explored any alternate viewpoint I used a cyclic process adapted from the work of Boud and Walker (1993). I wanted to ensure that each encounter with reflexivity was meaningful. The graphic model of my cyclic reflective process is illustrated in Figure 23.

Figure 23 My cyclic reflexive and reflective process to learning during my fieldwork.

Boud and Walker (1993, p. 73-86), describe a sequence of strategies that I used to reflect on my experiences during my fieldwork. In this paragraph I describe how I used my model as a tool to contextualise, examine, and minimise the presuppositions and assumptions I had. Returning to the experience was the first step. To provide an example, I returned to an occasion where I witnessed the women consuming convenience food away from the cooking and nutrition classes. With the intent of the research in the forefront of my mind and without judgement or critical evaluation I recalled and recounted the experience. The second step was to explore and attend to feelings that arose. I recognised both obstructive feeling and supportive feelings and understood that I needed to work through them to allow constructive reflection to take place. The obstructive feelings of frustration made me feel deflated and disappointed and left me questioning the reasons for my involvement in the BYHP. However, hearing the women report that they were beginning to introduce home cooked meals to their families, and that they were developing confidence through the skills and knowledge that they were learning gave me supportive feelings of encouragement and hope. Once I

had identified and realised my feelings, and again with the intent of the research as the main focus the third step was to re-evaluate.

Linking these obstructive and supportive feelings to elements of my self-identity I was able to create an association as I reflected on specific components and the foundations of my worldview. I reflected on my privileged educational opportunity and my privileged environmental situation, which resulted in my health skills and knowledge, and my ability to choose and engage in healthful life style options. I compared my experiences and opportunities with those of the women. Their reduced education and opportunities and difficult environmental circumstances often resulted in poor health literacy, which reduced knowledge and understanding of health practices, and hindered options for healthy life style engagement. Having re-evaluated and made the association I was able to exclude and reject any judgements I had of their practices and concentrated on seeking deeper meaning and connections in the fieldwork.

I used the cyclic reflective process during reflection-in-action, reflection-on-action and a reflection-for-action (Thomas, 2008), as a self-checking mechanism to ensure I maintained culture sensitivity and security (Dudgeon, et al., 2010b). Working through my cycle of reflexivity aided me to recognise and avoid judgements, and during the processes I realised that I was developing a greater awareness of my character traits and my personality, and I was able to respond constructively to internal frustrations and dilemmas rather than react emotionally. It was important that I did not avoid my emotions as it would compromise the quality of the research. Using the cycle of reflexivity enabled me to use my emotions intelligently, which ultimately would benefit the research (Gilbert, 2001). To enable me to understand the processes required to become self-aware and more mindful of situations and my actions, and those of others, I undertook a short course in Positive Psychology and a short course in Mindfulness (Appendix W, 5 and 6).

Previously, I was missing the key objectives for participating in fieldwork. It was caused by poor situational awareness as I mechanically multitasked through my 'job description' because of the pressures and the workload that I applied to myself (Mahood, 2012). As I relaxed into my researcher role and my facilitator role, I was becoming more attuned to other artefacts in the research setting and noticing the women's individual markers of identity, but importantly I recognised a change in how the women 'saw' me, and how they related to me, and identified with me, and how they granted me my own identity. This was an important step towards becoming more self-aware.

Self-Awareness Impacting on Research Processes

Raising Self-Awareness through Reflexivity

Self-awareness is distinguishable from self-identity. Self-awareness is an essential component of emotional intelligence and fundamental to the ability to trust, communicate, and build relationships with others (Goleman, 2006; Cook, 1999). I understood that to value the integrity of the women our relationship needed to be based on friendship where I invested my identity into the relationship (Dudgeon & Ugle, 2010). We sought common ground by using values of honesty, fairness, trust and thankfulness, and compassion, which were acceptable characteristics to both worldviews (Fisher, 2010).

Our non-hierarchical friendships created new ways of shaping accountability and sharing power. Previously, the women were aware of my frustrations and judgements and were guarded in their communication, participation, and engagement in the BYHP and with me. For true participation to occur the women needed to feel a 'sense of ease' to ensure that their 'selfhood' was not under threat and that they did not 'lose face' (Goffman, 1972). I became mindful to ensure that all interactions between us were without competitiveness or threat (Dudgeon, et al., 2010a), because any social

persuasions received from me, intentional or otherwise, could have affected their self-efficacy (Ashworth, Longmate & Morrison, 1992). The success of the research depended on the “emotional and motivational attunement” of the women to participate (Ashworth, et al., 1992, p. 1437). They needed to consider themselves “worthy contributors” (Ashworth, et al., 1992), which is fundamental in the context of the Aboriginal research paradigm, where all the learning and growth taking place, is reciprocal (Dudgeon, et al., 2010b). Social cohesion is one of the protective factors for Aboriginal wellbeing (Zubrick, et al., 2010). Reciprocal relationships define the existence of trust and respect (Smith, 2005). With a heightened self-awareness I was more sensitive to how the women perceived me (Fletcher & Bailey, 2003), using this information on my own self-appraisal enabled me to make modifications to my behaviour and to my attitudes so that we could establish effective reciprocal relationships (Moshavi, et al., 2003).

I realise how ridiculous it must have been for the women to see me rushing around and madly doing everything. No wonder they laughed . . . I'm so pleased that we can joke about it together now. I was so fixated on organising the components of the program (BYHP) . . . making sure the food had been purchased for the cooking, that the newsletters had gone out . . . I was crazy mad and hung up on the wrong things. I just needed to stop, reflect, evaluate, look, listen, ask myself questions, who, what, where, when, why? It's been such a growing experience . . . I know I've said it before, but our relationship has really developed. We are open and relaxed with each other; we are tolerant of each other. In the health yarning we are so respectful of each other's knowledge. As I said before, I am seeing, hearing and noticing more; their behaviours towards each other, towards me and just those small things that would have gone unnoticed because I wasn't attuned (PDN – May 03, 2013).

By constantly using my cyclic reflective process 'in-action', 'on-action' and 'for-action' (Thomas, 2008) and asking myself, "who am I in this context?", "why am I here and what is my role?" (Tomaselli, et al., 2008), I became mindful and self-aware about making judgements and reacting to or from any particular situation (Brown and Ryan, 2003). This heightened sense of mindfulness and self-awareness impacted on my understanding of the importance of trusting relationships and knowledge sharing in relation to cultural competence and *brokerage* (Coffin, 2007; Wilkinson & Marmot, 2003), and through this I learned that cultural competence is not a destination, but an ongoing journey (Campinha-Bacote, 2011; Coffin, 2007).

Reflectively Moving toward Cultural Competence

I now know that cultural competence is not something you can achieve by taking a short course and it's not something you achieve and then say "I'm competent now". It's an ongoing journey of reflecting on my self-identity honestly and exploring the differences and realities between my culture and theirs; accepting some things and acknowledging other things. The historical issues are important, but I think it's the power / privilege issue that is the most important and I have really considered this issue in my work. I learned the hard way in the early days. I reflect that it wasn't ever about me teaching and delivering and controlling the program (BYHP) and then achieving the outcomes that I expected and wanted; it was about standing side by side with the women and sharing knowledge and sharing the processes and observing things unfold and being aware of opportunities and being mindful of my thoughts behaviours and actions (PDN – August 8, 2013)

When I was with the women I learned to be myself (Dudgeon & Ugle, 2010), which enhanced the openness, honesty, and trust in our relationship (Belfrage, 2007; Dudgeon & Ugle, 2010). Martin (2003; 2008) refers to this process as 'relatedness',

where the 'outsider' fully positions themselves authentically into the relationships with the people and the integrity of the research. In creating a safe space and to brokerage empowering relationships I understood that it required time and above all a commitment to 'staying' with the women for the journey (Coffin, 2007). I intend that the relationships will extend far beyond the research to sustain a life-long connection and friendship (Smith, 2005).

As my relationship developed with the women I realised my ignorance of their culture. A woman Elder agreed to mentor me (and continues to do so) and she guided me through the Aboriginal ways of knowing, being and doing (Martin, 2003). This positioned me to critically explore the issues from our different worldviews. I learned about skills to authentically listen (Dudgeon, et al., 2010b). To address the dominating problem of my whiteness I moved into a new space; a "liminal" location (Warren & Hytten, 2004, p. 335) where I could watch and wait. Here I learned about being "willing to keep quiet", so that the "storytelling could go on" (Mankell, 2011, p. 113). I learnt that I must be "permitted to be present" and that I needed to trust that I would be "taught what I needed to know" when I was "ready to hear it" and that what I learnt would be through "osmosis" (Dudgeon, et al., 2010b, p. 42). I understood that assuming whether I had attained cultural competence was something that only the women from the group could decide (Dudgeon, et al., 2010b).

Conclusion

In this article I have provided an overview of my personal journey as a non-Aboriginal researcher immersed in an urban-rural Aboriginal Australian setting. Using reflexivity, guided by Mezirow's theory of personal transformation, I deconstructed my worldview to better understand the influence of its structure and to reflect on assumptions, preconceptions, biases, and ideals within it. This positioned me in a vulnerable position in the first instance; however the journey was essential to the

processes of the research. Often, qualitative researchers are unaware of how their ethnicity, social class, education, background, gender, beliefs, and values affect the emerging construction of reality in the research setting (Sword, 1999).

To direct the learning from my immersion experience I used a cyclic reflective process (Boud & Walker, 1993). I was able to recognise the outcomes of the learning and to change my behaviours and modes of thinking. I became conscious of my thoughts, emotions, reactions, and behaviour patterns and responded to them constructively. This benefitted the research as I created connections between the site and my experiences and the site and the wider community. I explored the development of my self-identity and self-awareness in the context of the Aboriginal research paradigm, where all learning must be shared equally between all involved.

The development of my self-awareness impacted directly on my relationship with the women and lessened the hierarchical nature of my position, which was critical and central to the social experience of the field. I have discussed the importance of creating a safe space for authentic relationships, which is fundamental to the development of cultural competence, which I conclude is an ongoing journey rather than a destination. These aspects of my learned journey might be useful to assist other non-Indigenous researchers to prepare fully for their work in respectful collaboration with Indigenous peoples.

CHAPTER FIVE

CONCLUSION

Limitations

The study sample was attenuated by circumstance and could only be drawn from the two Bindjareb kinship groups in the main town and one other. Issues such as transport difficulties and the additional responsibilities of rearing children of extended family members (Backhouse, 2006) hampered participation of those living away from the main town, and therefore a well-diversified sample for the study was difficult to achieve. A further limitation was the lack of statistical data on the actual dietary intake of the participants and the statistical data to measure the physical effects of the group fitness and the walking group sessions. In this context the use of measurement was not a community priority and its use may have had a detrimental effect on participation. Aboriginal peoples measure their outcomes differently, and using statistical data as a measure of health outcomes needs to be approached very sensitively, and must be considerate to a benefit-led approach (Bainbridge, et al., 2015).

The applicability of the structure, content and the processes of delivery of the BYHP, and the study method, to other Indigenous communities need to be determined. Therefore, it is suggested that the principles generated from the findings of the study be considered as a guide in the development, design, and implementation of multifaceted health promotion programs in similar Indigenous community settings.

Recommendations for Further Research

Recommendations related to the findings of this research project have been identified in each of the published and under review articles presented in this thesis. There are however also recommendations that arise for the conduct of further research related to the collection of data on dietary intake, physical activity, and the impact of community vegetable gardens and the development of health literacy. It is

recommended that future longitudinal observation is conducted to collect data on actual dietary intake and to explore the impact and influences that family members have on dietary change. With consideration to the benefit led approach (Bainbridge, et al., 2015) there is merit in sensitively approaching the inclusion of statistical data collection for physical activity health promotion initiatives with and in Aboriginal communities. Exploration of the impact and influences of community vegetable garden projects in Indigenous communities would be beneficial. Data on actual garden activities in relation to knowledge and skills development, and that impact a community vegetable garden has on family and community members' food security and nutritional change would be useful for policy and practice. As the development of health literacy is an increasingly relevant issue for the improvement of Indigenous health outcomes, further research into measuring the development of health literacy (Altin, Finke, Kautz-Freimuth & Stock, 2014) through culturally appropriate health yarning initiatives also has merit.

Conclusion

To the authors' knowledge, this study is the first to examine the outcomes of a multifaceted community designed, owned, and delivered health promotion initiative, in a regional setting in WA. The importance of understanding the relationship between the colonization processes, segregation, protection and assimilation policies, and the current health status of Aboriginal people was identified in this study. Historical factors continue to impact upon Aboriginal people today, especially those living in urban and regional centres because of the length and intensity of their experiences (Dudgeon & Ugle, 2010). Thus specific consideration to the environment in which the activities are to be conducted should be a priority to ensure cultural safety (Williams, 1999) and cultural security (Coffin, 2007). Acknowledging the impact that historical factors have on the social and contextual constructs of Aboriginal people today, was found to be an essential contributor to designing and structuring the BYHP to ensure that it was

culturally appropriate and sustainable (MAC & WHGNE, 2008). In addition, using the MTWW framework to guide the development of the BYHP ensured that the Aboriginal core values of partnership, participation and , empowerment were upheld and that the community were central to the decision making (MAC & WHGNE, 2008).

This study has identified that providing participants with the opportunity to make a meal to take home to their family has positive effects. On an individual level, this has impacted on the development of a range of skills for healthy home cooking, but more importantly has impacted on the development of self-efficacy and confidence, and has empowered the participants to negotiate and advocate for healthy family food changes. On a community level, it has encouraged community action for change by providing an opportunity for participant's to voice their experiences, challenges, interests and aspirations, and thus, to develop a frame of reference for their community's health evidence base.

The environment, structure, and delivery of the GF classes and WG sessions assisted in overcoming the barriers to engagement and participation in physical activities, particularly the racism and shame that were highlighted in the findings. Financial constraints were also a finding from this research. Neither the GF classes nor the WG sessions carried a cost for the participants, however for sustainability for any group activity that requires professional facilitation from outside the community, ongoing funding and or partnership support must be available (MAC & WHGNE, 2008; Ware and Meredith, 2013).

The location of the CVG on traditional land impacted on the participants' sense of place and provided safety for engagement and relaxation away from the daily issues of life (MAC & WHGNE, 2008). In addition, the cultural reconnection to land was enhanced through the authenticity of place. This enabled skills and knowledge

development in vegetable growing and cooking without threat and instilled confidence and self-esteem and improved the sense of wellbeing.

The BYHP aim was to provide a broad based culturally appropriate learning environment where health literacy was more than just developing knowledge and skills but a metaphor for healthful living. The yarning styles (Bessarab & Ng'andu, 2010) and the culturally appropriate participatory approaches used in the HY sessions encouraged open communication, which resulted in increased awareness and knowledge. The safe environment enabled the yorgas to come together to understand the determinants influencing their health and helped them think critically about solutions to identified problems and act upon them with the support of one another (MAC & WHGNE, 2008). In this context, the yorgas were able to construct health knowledge in accordance with what they had self-determined as real and valuable

The findings of this study have identified that genuine long-term engagement can be successful. This success requires building sustained relationships of trust and respect, and sharing accountability and responsibility for program aims, management, and activities. All this should be undertaken with the view to implementation of long-term engagement processes that aim to build community capacity and empowerment through training and skills development (Hunt, 2013; MAC & WHGNE, 2008).

The study findings also offer health professionals with suggestions and considerations for practice and provide information on how to work collaboratively with Aboriginal Australians to improve their health and wellbeing. Caroline detailed her development and learning in an auto-ethnographic article describing her journey of self-discovery and her new found understanding of the complex social, political, and economic circumstances that affect Australian Indigenous peoples' lives. To offer culturally safe health care, it is vitally important that all health professionals ensure that practices and policies are underpinned by Indigenous principles of holism that

emphasise the links of tradition, custom, culture, spirituality, connection to land, family, and community to well-being, healing and health.

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APPENDICES

APPENDIX A

Published Book Chapter

Nilson, C., Morrison, P., and Fetherston, C. (2016). Action Research: fostering consumer participation in Indigenous health promotion. In: P. Hackett (Ed.), *Consumer ethnography: qualitative and cultural approaches to consumer research* (pp. 173 – 191). London, UK: Routledge. ISBN: 978-1-138-02349-9 (hbk), ISBN: 978-1-315-77637-8 (ebk).

Book is available at:

https://www.routledge.com/products/9781138023499?utm_source=adestra&utm_medium=email&utm_campaign=sbu2_emh_3rf_1em_4psy_nba15_x_77501_researchingsocialpsychology

Chapter can be viewed at:

https://books.google.com.au/books?id=I7JmCgAAQBAJ&pg=PA179&lpg=PA179&dq=conceptual+baggage+in+Aboriginal+research&source=bl&ots=8WP8ETwyPQ&sig=v9oOvdfDw5lUbuiKp2-Fashrl2w&hl=en&sa=X&ved=0CCUQ6AEwAWoVChMIx9Hjte_WxwIVw6GUCh0DIwrE#v=onepage&q=conceptual%20baggage%20in%20Aboriginal%20research&f=false

Turnitin® Originality Report

Caroline Nilson 30452748 Routledge Book Chapter

From Routledge Consumer - Part 1 (Moodle 38776208) (sandbox_20053407 (Moodle 8076213))

- Processed on 03-Sep-2015 1:00 PM AWST
- ID: 566093064
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Publications: 4%

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Sources:

1 1% match (Internet from 07-Apr-2014)

http://aboriginal.telethonkids.org.au/media/54847/working_together_full_book.pdf?refe

2 2% match (publications)

[Nilson, Caroline, Karrie-Anne Kearing-Salmon, Paul Morrison, and Catherine Fetherston. "An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion programme in regional Western Australia", Public Health Nutrition, 2015.](#)

3 1% match (Internet from 11-Mar-2013)

<http://www.ruralhealthwest.com.au/docs/2012-aboriginal-health-conference-speaker-presentations/the-bindjareb-yorgas-health-program---caroline-nilson.pdf?sfvrsn=2>

4 1% match (publications)

[Walker, Melissa, Bronwyn Fredericks, Kyly Mills, and Debra Anderson. "'Yarning' as a Method for Community-Based Health Research With Indigenous Women: The Indigenous Women's Wellness Research Program", Health Care For Women International, 2014.](#)

5 < 1% match (Internet from 08-Dec-2012)

<http://education2.uvic.ca/Faculty/mroth/PREPRINTS/Self.pdf>

6 < 1% match (publications)

[Elzbieta M. Goździak. "Culturally Competent Responses to the Effects of Armed Conflict on the Well-Being of Refugee Women", Women Migration and Conflict, 2009](#)

7 < 1% match (Internet from 01-Apr-2010)

http://www.wchm.org.au/literature_48827/Multicultural_Strategy

8 < 1% match (Internet from 26-Jul-2014)

<http://limenetwork.net.au/content/empowerment-and-indigenous-australian-health-synthesis-findings-family-wellbeing-formative>

9 < 1% match (Internet from 10-Jul-2009)

<http://www.aes.asn.au/conferences/2004/TH11%20Cameron,%20G.pdf>

APPENDIX B**Published Article**

Nilson, C., Kearing Salmon, K., Morrison, P., and Fetherston, C. (2015). An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion program in regional Western Australia. *Public Health Nutrition*, 1-12. doi:10.1017/S1368980015000816.

Public Health Nutrition Journal Metrics:

2013 Journal Citation Reports®, Thomson Reuters

- Impact Factor: 2.483
- Ranking: Nutrition and Dietetics: 38/78
- Source Normalized Impact per Paper (SNIP): 1.359

SCImago Journal Rank (SJR): 1.052

- Quartile Rank: Q1 (2013)
-

Article is available at:

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9669086>

Turnitin® Originality Report

Caroline Nilson 30452748 Public Health Nutrition
From PHN Cooking and Nutrition - Part 1 (Moodle 36356110) (sandbox_20053407
(Moodle 8076213))

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<http://www.penaltyprotester.com/files/JacksonTrialTranscriptVolIII.pdf>

3 < 1% match (Internet from 22-Apr-2012)

<http://www.stevebrown-plano.com/index.php?pr=test-tb>

APPENDIX C**Published Article**

Nilson, C., Kearing, G., Fetherston, C., & Morrison, P. (2015). Art from the heart:

using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community. *The International Journal of Arts Theory and History*, 10(3), 13-32.

Common Ground Publishing Journals, University of Illinois – Arts in Society

Founded: 2006

ISSN: 2326-9952 (Print), 2327-1779 (Online)

Indexing:

Ulrich's Periodicals Directory

Cabell's

The Australian Research Council

Art Abstracts

Art Index

Art Full Text

Art Source

Article available at:

<http://ija.cgpublisher.com/product/pub.231/prod.86>

Turnitin® Originality Report

Caroline Nilson 30452748 The International Journal of Arts Theory and History
From IJAT&H Art - Part 1 (Moodle 26567987) (sandbox_20053407 (Moodle 8076213))

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Internet Sources: 2%

Publications: 2%

Student Papers: 3%

Sources:

1 1% match (publications)

[GAVIN MALONE. "Ways of Belonging: Reconciliation and Adelaide's Public Space Indigenous Cultural Markers", Geographical Research, 6/2007](#)

2 1% match (student papers from 27-Apr-2012)

[于 2012-04-27 提交至 Curtin University of Technology](#)

3 < 1% match (Internet from 13-May-2013)

<http://www.aasw.asn.au/document/item/3552>

4 < 1% match (student papers from 24-Aug-2013)

[Submitted to Murdoch University on 2013-08-24](#)

5 < 1% match (Internet from 15-Jan-2014)

<http://www.science.gov/topicpages/a/aboriginal+children+aged.html>

6 < 1% match (publications)

[Martin, Karen Mirraboopa, Booran. "Ways of knowing, being and doing: a theoretical framework and methods for indigenous and indigenist ", Journal of Australian Studies, Jan 2003 Issue](#)

7 < 1% match (Internet from 25-Sep-2010)

<http://www.canwa.com.au/resources/Sharing%20Stories%20bulletin%2008.pdf>

8 < 1% match (student papers from 08-Sep-2013)

[Submitted to Institute of Graduate Studies, UiTM on 2013-09-08](#)

9 < 1% match (publications)

[RAMATHUBA, DORAH URSULA and DAVHANA- MASELESELE, MASHUDU. "Challenges HIV/AIDS poses on the nursing workforce in rural health setting in Vhembe district, Limpopo Province, South Africa", African Journal for Physical, Health Education, Recreation & Dance, 2013.](#)

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<http://bjhealth.org/Download/Health%20Promoting%20hospitals%20-%20April%202006.ppt>

11 < 1% match (student papers from 01-Nov-2013)

[Submitted to Edith Cowan University on 2013-11-01](#)

APPENDIX D**Article Under Review**

Manuscript Reference Number: HEB-15-0446 (October 19, 2015)

Nilson, C., Kearing, S. Fetherston, C., Morrison, P. (Under Review). Using an ethnographic action research approach to investigate the experiences of Aboriginal women participating in the group fitness and walking component of a community owned health promotion program. *Health Education and Behaviour*.

Health Education and Behaviour Metrics:

2014 Journal Citation Reports® (Thomson Reuters, 2015)

- Impact Factor: 2.229
- Public, Environmental & Occupational Health (SSCI): 28 out of 145

SCImago Journal Rank (SJR): 1. 063

- Quartile Ranking: Q1 (2014)
-

Confirmation of Peer Review

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Subject: Health Education & Behavior Manuscript ID - HEB-15-0446

Body: 19-Oct-2015

Dear Ms. Nilson:

Your manuscript entitled "An ethnographic action research approach to investigate the experiences of Aboriginal women participating in the group fitness and walking component of a community owned health promotion program" has been successfully submitted online and is presently being given full consideration for publication in *Health Education & Behavior*.

We will undertake a review to carefully evaluate your manuscript as quickly as possible.

Health Education & Behavior undertakes review of this manuscript with the understanding that the substance of the article and any data, as well as the content of any of its figures or tables, have neither been published, nor are under consideration elsewhere, prior to submission or during the period that the manuscript is under review. The restriction, however, does not apply to abstracts published in connection with scientific or professional meetings or to text consisting of words taken from, or paraphrasing a formal and public presentation.

Your manuscript ID is HEB-15-0446.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc.manuscriptcentral.com/heb> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/heb>.

With appreciation of your interest in *Health Education & Behavior*,

John P. Allegrante, Ph.D.
Editor-in-Chief, *Health Education & Behavior*

Turnitin® Originality Report

Caroline Nilson 30452748 Group Fitness Health Education and Behavior
From Health Education and Behavior Group Fitness - Part 1 (Moodle 40910383)
(sandbox_20053407 (Moodle 8076213))

- Processed on 19-Oct-2015 2:23 PM AWST
- ID: 586797965
- Word Count: 3419

Similarity Index: 7%

Similarity by Source

Internet Sources: 1%

Publications: 6%

Student Papers: N/A

sources:

1

6% match (publications)

[Nilson, Caroline, Karrie-Anne Kearing-Salmon, Paul Morrison, and Catherine Fetherston. "An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion programme in regional Western Australia", Public Health Nutrition, 2015.](#)

2

< 1% match (Internet from 20-Nov-2014)

http://www.pc.gov.au/_data/assets/pdf_file/0003/179346/04-key-indicators-2014-chapter4.pdf

3

< 1% match (Internet from 25-Sep-2015)

<http://www.biomedcentral.com/1471-2458/14/969>

4

< 1% match (Internet from 12-Oct-2015)

http://www.sis.uwa.edu.au/_data/assets/pdf_file/0007/2790934/Fact-Sheet-No.-3.pdf

APPENDIX E**Article Under Review**

Manuscript Reference Number: LCSJ_2015_61 (October 22, 2015)

Nilson, C., Kearing, G., Morrison, P., and Fetherston, C. (Under Review). 'Yarning' about health gives voice and promotes action amongst Aboriginal women in a community owned health promotion program. *Learning, Culture and Social Interaction*.

Learning, Culture and Social Interaction Metrics:

2014 Journal Citation Reports ® (Thomson Reuters, 2014)

- Impact Factor: 0.783
- 5 year Impact Factor: 0.783

SNIP: 1.069

SCImago Journal Rank (SJR): 0.632

- Quartile Rank: Q1 (2014)
-

Confirmation of Peer Review

Evise [EviseSupport@elsevier.com]

Actions

To: Caroline Nilson

Thursday, 22 October 2015 8:30 AM

Dear Mrs. Nilson,

Thank you for submitting your manuscript for consideration for publication in *Learning, Culture and Social Interaction*. Your submission was received in good order.

To track the status of your manuscript, please log into EVISE®

http://www.evise.com/evise/faces/pages/navigation/NavController.jspx?JRNL_ACR=L_CSI and go to 'My Submissions'.

Thank you for submitting your work to this journal.

Kind regards,

Learning, Culture and Social Interaction

Turnitin® Originality Report

Caroline Nilson 30452748 Learning, Culture and Social Interaction
From LCSI Yarning - Part 1 (Moodle 39554462) (sandbox_20053407 (Moodle 8076213))

- Processed on 27-Sep-2015 8:17 AM AWST
- ID: 572637646
- Word Count: 4968

Similarity Index 5%

Similarity by Source

Internet Sources: 1%

Publications: 5%

Student Papers: N/A

sources:

1

5% match (publications)

[Nilson, Caroline, Karrie-Anne Kearing-Salmon, Paul Morrison, and Catherine Fetherston. "An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion programme in regional Western Australia", Public Health Nutrition, 2015.](#)

2

1% match (Internet from 21-Jan-2013)

http://massey.org.nz/massey/research/research-projects/adult-literacy-and-communication-research-group/literacy-and-employment/literature-review/literature-review_home.cfm

APPENDIX F**Article Under Review**

Manuscript Reference Number: JTN-15-193 (September 4, 2015)

Nilson, C. (Under Review). A journey towards cultural competence in Indigenous research: The role of researcher reflexivity. *Journal of Transcultural Nursing*.

Journal of Transcultural Nursing Metrics:

2014 Journal Citation Reports ® (Thomson Reuters, 2015)

- Impact Factor: 0.659
- 5-Year Impact Factor: 1.041
- Ranking: Nursing (SSCI) 80 out of 108
- Nursing (SCI) 83 out of 110
- 5-Year Ranking: Nursing (SSCI) 64 out of 108
- 5- Year Nursing (SCI) 67 out of 110

SCImago Journal Rank (SJR): 0.357

- Quartile Rank: Q2 (2013)
-

Confirmation of Peer Review

From: elizabeth.marshall@kwfco.com – 04/09/2015

To: c.nilson@murdoch.edu.au

Subject: Journal of Transcultural Nursing - JTN-15-193

Body: Dear Dr. Nilson:

Your manuscript entitled "A Journey Towards Cultural Competence: The Role of Researcher Reflexivity in Indigenous Research" has been successfully submitted online and is presently being given full consideration for publication in the *Journal of Transcultural Nursing*.

Your manuscript ID is JTN-15-193. Please use this ID in all future correspondence to the editorial office.

If there are any problems with your submission, or information is missing, we will email you as soon as possible and ask you to resubmit.

If during the review process, there are any changes to your contact information, please log into Manuscript Central at

<https://mc.manuscriptcentral.com/tcn> and edit your user information as

appropriate. You can also view the status of your manuscript at any time by checking your Author Center. Please note that the review and decision process typically takes a minimum of 2-3 months.

Thank you for submitting your manuscript to the *Journal of Transcultural Nursing*.

Sincerely,

Elizabeth Marshall

Assistant Managing Editor, *Journal of Transcultural Nursing*

Turnitin® Originality Report

Caroline Nilson 30452748 Journal of Transcultural Nursing
From JTN - Reflexivity - Part 1 (Moodle 38776606) (sandbox_20053407 (Moodle 8076213))

- Processed on 03-Sep-2015 1:15 PM AWST
- ID: 566097713
- Word Count: 4583

Similarity Index: 4%

Similarity by Source

Internet Sources: 3%

Publications: 2%

Student Papers: N/A

Sources:

1 1% match (Internet from 11-Aug-2014)

http://www.encyclopedia.com/topic/Alfred_Schutz.aspx

2 1% match (Internet from 08-Sep-2010)

<http://www.psu.edu/dept/cocurricular/blog/>

3 < 1% match (Internet from 22-Sep-2009)

http://sheffield.typepad.com/dansheffield/files/encountering_the_othermission_transformation.pdf

4 < 1% match (publications)

[Sharan B. Merriam. Learning in Adulthood: A Comprehensive Guide, 3e, 2006](#)

5 < 1% match (Internet from 08-Dec-2012)

<http://education2.uvic.ca/Faculty/mroth/PREPRINTS/Self.pdf>

APPENDIX G**Article Under Review**

Manuscript Reference Number: JHAP-D-15-00537 (August 25, 2015)

Nilson, C., Kearing, G., Fetherston, C., and Morrison, P. (Under Review). Connecting back to country through the establishment of an Aboriginal community vegetable garden: an ethnographic action research approach. *Health and Place*.

Health and Place Journal Metrics:

© Thomson Reuters Journal Citation Reports 2014

- Impact Factor: 2.805
- 5-Year Impact Factor: 3.392
- Source Normalized Impact per Paper (SNIP): 1.359

SCImago Journal Rank (SJR): 1.242

- Quartile Rank: Q1 (2014)
-

Confirmation of Peer Review

From: ees.jhap.0.338168.b6cb9c88@eesmail.elsevier.com

[ees.jhap.0.338168.b6cb9c88@eesmail.elsevier.com] on behalf of Jamie Pearce
[jpearce@staffmail.ed.ac.uk]

Sent: Tuesday, 25 August 2015 10:28 PM

To: Caroline Nilson; starfocus@southwest.com.au

Subject: A manuscript number has been assigned - JHAP-D-15-00537

Ms. Ref. No.: JHAP-D-15-00537

Title: Connecting back to country through the establishment of an Aboriginal community vegetable garden: an ethnographic action research approach *Health & Place*

Dear Caroline,

Your submission entitled "Connecting back to country through the establishment of an Aboriginal community vegetable garden: an ethnographic action research approach" has been assigned the following manuscript number: JHAP-D-15-00537.

You may check on the progress of your paper by logging on to the Elsevier Editorial System as an author. The URL is <http://ees.elsevier.com/jhap/>.

Your username is Your username is: c.nilson@murdoch.edu.au

If you need to retrieve password details, please go to:

http://ees.elsevier.com/jhap/automail_query.asp

Thank you for submitting your work to this journal.

Kind regards,

Jamie Pearce, PhD

Editorial Office/Ed-in-Chief

Health & Place

For further assistance, please visit our customer support site at <http://help.elsevier.com/app/answers/list/p/7923>. Here you can search for solutions on a range of topics, find answers to frequently asked questions and learn more about EES via interactive tutorials. You will also find our 24/7 support contact details should you need any further assistance from one of our customer support representatives.

Turnitin® Originality Report

Caroline Nilson 30452748 Health and Place

From Health and Place Community Garden - Part 1 (Moodle 38782963)

(sandbox_20053407 (Moodle 8076213))

- Processed on 10-Sep-2015 6:02 PM AWST
- ID: 566137364
- Word Count: 5807

Similarity Index: 8%

Similarity by Source

Internet Sources: 1%

Publications: 8%

Student Papers: N/A

sources:

1

8% match (publications)

[Nilson, Caroline, Karrie-Anne Kearing-Salmon, Paul Morrison, and Catherine Fetherston. "An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion programme in regional Western Australia", Public Health Nutrition, 2015.](#)

2

1% match (Internet from 08-Aug-2015)

<http://geckos.ceo.wa.edu.au/primary/country/Pages/country.aspx>

APPENDIX H**Article Under Review**

Manuscript Reference Number: ARJ-15-0068 (July 6, 2015).

Nilson, C., Morrison, P., Fetherston, C., and Kearing-Salmon, K. (Under Review).

Health promotion in an Australian Aboriginal regional community women's group: ethnographic action research using a decolonising methodology. *Action Research*.

Action Research Journal Metrics:

2014 Journal Citation Reports® (Thomson Reuters, 2015)

- 5-Year Impact Factor: 0.815
- 5-Year Ranking: Social Sciences, Interdisciplinary 49 out of 95

SCImago Journal Rank (SJR): 0.3

- Quartile: Q3 (2014)
-

Confirmation of Peer Review

From: Action Research Journal - Manuscript ID ARJ-15-0068
onbehalf+bradbury+ohsu.edu@manuscriptcentral.com on behalf of
bradbury@ohsu.edu

To: M Caroline Nilson

Date: Monday, 6 July 2015 8:23 PM

Dear Ms. Nilson:

Your manuscript entitled "Health promotion in an Australian Aboriginal regional community women's group: ethnographic action research using a decolonising methodology" has been successfully submitted online and is presently being given full consideration for publication in the Action Research Journal.

Your manuscript ID is ARJ-15-0068.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at <https://mc.manuscriptcentral.com/arj> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/arj>.

Thank you for submitting your manuscript to the Action Research Journal.

Sincerely,
Action Research Journal Editorial Office

Turnitin® Originality Report

Caroline Nilson 30452748 Action Research

From Action Research EAR - Part 1 (Moodle 40382424) (sandbox_20053407 (Moodle 8076213))

- Processed on 07-Oct-2015 2:47 PM AWST
- ID: 581204822
- Word Count: 6952

Similarity Index: 5%

Similarity by Source

Internet Sources: 1%

Publications: 4%

Student Papers: N/A

sources:

1

4% match (publications)

[Nilson, Caroline, Karrie-Anne Kearing-Salmon, Paul Morrison, and Catherine Fetherston. "An ethnographic action research study to investigate the experiences of Bindjareb women participating in the cooking and nutrition component of an Aboriginal health promotion programme in regional Western Australia", Public Health Nutrition, 2015.](#)

2

1% match (Internet from 16-Apr-2010)

http://www.onemda.unimelb.edu.au/docs/DP12_pherpauditreport.pdf

APPENDIX I

Editor Reviewed Article

Nilson, C. (2012). A partnership with women and Bindjareb leaders and Elders.

Australian Nursing Journal, 20(6), 37.

Australian Indigenous health **focus**

A PARTNERSHIP WITH WOMEN AND BINJAREB LEADERS AND ELDERS



BY CAROLINE NILSON

Since January 2011, I have been working in collaboration with Mrs Gloria Kearing, Ms Karrie-Anne Kearing-Solomon and Ms Sharree Kearing, who are well respected Bindjareb Nyungar women from Pinjarra, Western Australia.

With a shared commitment to establish community owned programs to develop health literacy, health awareness and skills to engage in healthy lifestyle choices, we have developed a strong partnership based on trust, respect and inclusion. The partnership has led to the establishment of a suite of health programs to engage the community in health promotion activities.

The 'Cooking with the Deadly Koolinga Chefs' program commenced in 2011 and is aimed at teaching children about nutrition and healthy eating. At each class children prepare and cook a meal for their family who are encouraged to attend and share in the fun. The children also develop important life skills in planning, decision making and problem solving. Importantly, it boosts their

self-esteem as they are making a contribution to their family life.

An exercise and nutrition program for the community's women commenced in September 2012. The 'Deadly Yorgas Health Program' has three components: Zumba group fitness classes, nutrition and cooking classes and a walking group. The program is a research pilot for a larger scale exercise and nutrition research intervention, the 'Bindjareb Yorgas Health Program', which will commence in 2013. It aims to provide health promotion through participation in a multifaceted program that will positively influence lifestyle and behaviour choices, with an important focus on 'Closing the Gap' in Aboriginal health disparities.

As health promotion is an increasingly high profile aspect of a nurse's role in preventative



Main picture: The Deadly Yorgas Health Program walking group. (left to right – Chelsey Herbert, Gloria Kearing, Jemma Salmon, Karrie-Anne Kearing)

Above right: Women participating in the Deadly Yorgas Health Program making a healthy breakfast muesli. (left to right – Gloria Kearing, Tanla Herbert and Janis Higgins)

Above: Sharree Kearing, a woman leader making a healthy breakfast muesli at a cooking class in the Deadly Yorgas Health Program.

health care, as well as an important community investment, nurses should be trained to act as behaviour change agents, empowerment facilitators and strategic practitioners (Piper 2009). It is anticipated the findings of the 'Bindjareb Yorgas Health Program' will highlight the importance of the nurse's role in collaborating and consulting with communities to engage in health promotion initiatives.

Collaboration and consultation with the Bindjareb leaders and elders has been the key factor in development of the culturally appropriate health promotion programs. It has resulted in creating a supportive environment for community participation; strengthening community action to use identified strengths; and to also influence community determination to strive for improved health and wellbeing.

REFERENCE

Piper, S. 2009. *Health promotion for nurses: theory and practice*. Routledge: Abingdon.

CAROLINE NILSON IS A LECTURER IN NURSING AND MIDWIFERY AND PHD CANDIDATE AT MURDOCH UNIVERSITY SCHOOL OF NURSING AND MIDWIFERY IN WESTERN AUSTRALIA

APPENDIX J**Conference Presentations (1 – 7)**

- 1 - Nilson, C.,** Kearing, G., Fetherston, C., & Morrison, P. (2014, July). *Art from the heart: using art narrative to describe the experiences of a health promotion program in an Australian Aboriginal community*. Presented at the 9th International Conference on the Arts in Society, Sapienza University of Rome, Rome, Italy.

Confirmation of Peer Review

From: Arts Conference 2014 [conference@artsinsociety.com]
Sent: Wednesday, 28 August 2013 9:51 PM
To: Caroline Nilson
Subject: Arts Conference 2014 - Proposal A14P0062

Dear Caroline Nilson,

On behalf of the Organizing Committee, I am pleased to inform you that your proposal, "Art from the Heart: Artistic Narrative of Aboriginal Health Promotion," has been accepted for a Roundtable at 9th International Conference on the Arts in Society. I hope you will find your involvement in this knowledge community a rewarding professional experience. Details of your proposal have now been added to the public conference website at (<http://artsinsociety.com/the-conference/program-and-events/list-of-accepted-proposals>).

INFORMATION FOR ATTENDING PARTICIPANTS

If you are attending the conference on 2014/06/25 to 2014/06/27, be sure to check the website (<http://artsinsociety.com/the-conference>) regularly for updates on speakers, conference activities, and travel information.

**** Registration Information**

Visit the Registration section of the website for information on registration deadlines and procedures (<http://artsinsociety.com/the-conference/registration>). Please note that we cannot schedule your presentation in the conference program until we receive your paid registration, and that each in-person proposal needs a separate in-person registration. We encourage you to complete your registration as soon as possible so your presentation becomes part of the evolving program. Also, as soon as your registration is finalized, you will be given online access to The Arts Collection (<http://artsinsociety.com/publications/journal>) until one year after the end-date of the conference.

INFORMATION FOR ALL PARTICIPANTS: ATTENDING AND VIRTUAL
**** Submitting Journal Article**

We encourage you to submit your completed article to The Arts Collection for peer review for possible publication. Visit the website (<http://artsinsociety.com/submitting-your-work/journal-articles/submission-process>) for complete information on the submission and peer review process. Articles may be submitted for reviewing on a continuous basis any time prior to the conference start-date and until one month after the conference end-date. If you would like your article to be reviewed prior to the conference, please submit it at least three months prior to the conference start-date. If your article is accepted into the journal, you will be asked to comply with a publishing agreement and submit a final version for typesetting and publication. Your article will then be published in the journal's online bookstore with issues and individual articles available in print and electronic formats.

We look forward to your contribution to the conference, journal, and participation in community discussions

If you have any queries, please respond to this email and be sure to quote your proposal ID, A14P0062.

Yours Sincerely,

Kimberly Kendall, Ph.D.
 Conference Program Development
 Arts Conference

- 2 - Nilson, C., & Kearing, S. (2013, December).** *The Bindjareb Yorgas Health Program - We are speaking and sharing our story.* Presented at the Australian Critical Race and Whiteness Studies Association Conference, Mandurah, Western Australia, Australia.

Confirmation of Presentation and Panel Participation



The Australian Critical Race And Whiteness Studies Association (ACRAWSA)

<http://www.acrawsa.org.au/>

To Whom It May Concern,

I Roslyn Carnes, Secretary of ACRAWSA, confirm that Mrs Caroline Nilson, from Murdoch University School of Health Professions and Mrs Sharree Kearing for the Murray Districts Aboriginal Association, presented at the 2013 ACRAWSA conference, December 5-6, held in Mandurah, Western Australia at the Sebel Hotel.

Their presentation entitled "The Bindjareb Yorgas Health Program - *We are speaking and sharing our story*" was an addendum to the program and was included in the concurrent program on Friday December 6 from 3.30-14.30. In addition, Caroline and Sharree were members of the panel discussion scheduled on the same day from 14.30-15.30.

Yours sincerely,
Roslyn (Rose) Carnes
Email: secretary@acrawsa.org.au

From: Rose Carnes <rose.carnes@nd.edu.au>
Sent: 20 February 2014 16:41
To: Caroline Nilson
Subject: ACRAWSA conference 2013
Attachments: Notes from inaugural meeting.docx

Dear Caroline

I am writing to thank you and Sharree Kearing for presenting a session at the ACRAWSA, Mapping Your Law/Lore Conference in Mandurah on Friday December 5, 2013. It was fabulous that you could step in and do that at such short notice. It was especially good that this was a "good news story" about the power of women, the power of community and the importance of solid, strong relationships.

It was also appreciated that you participated in the panel on the afternoon of the final day. Providing a local perspective was very important at this national conference.

Again, thank you very much.

Rose Carnes
Lecturer and Discipline Coordinator, Aboriginal Studies
(Monday, Tuesday and Wednesday)
The School of Arts & Sciences
The University of Notre Dame Australia
PO Box 1225, Fremantle WA 6959
PH: +61 8 9433 0924
Fax: +61 8 9433 0191

- 3 - Nilson, C., & Kearing, G. (2013, October).** *The Bindjareb Yorgas Health Program One Year On: "All the Same but Totally Different"*. Presented at the 15th National Conference of the Congress of Aboriginal and Torres Strait Islander Nurses: "All the same but totally different", Canberra, Australian Capital Territory, Australia.

Confirmation of Peer Review

16 August 2013

Caroline Nilson
Murdoch University



Dear Caroline,

I am pleased to inform you that your abstract has been accepted to be presented at the CATSINaM conference, 6-8 October 2016 at the Hotel Realm in Canberra.

Your paper will be 20 minutes duration, plus 10 minutes question and answer time. Your presentation is to be given on Monday 7th October between 1.30pm and 3.00pm. Please be aware that there are some sensitive areas regarding Aboriginal and Torres Strait Islander people that should not be discussed without the prior approval of the Conference organisers.

Areas that may include but are not limited to specifics of Aboriginal and Torres Strait Islander spirituality, men and women's business, secret business, individual case studies that may be identifiable within the audience you are presenting to. Any amendments or changes to approved papers will be re-presented to the conference selection committee.

Finally, please sign and return the Consent Form and Release Form attached to this letter. If you have any questions, please contact the CATSINaM office on 0427 896 446.

Thank you and I look forward to seeing you at the conference

Yours sincerely,

Janine Milera
CEO CATSINaM

- 4 - Nilson, C.,** (2013, June). *Being immersed in the everyday lives of an Australian Aboriginal community: The 'personal development' required of a non-Aboriginal researcher.* Presented at the International Conference Psychology and the Conduct of Everyday Life. Roskilde University, Department of Psychology and Educational Studies. Roskilde, Denmark.
-

ROSKILDE UNIVERSITY

Department of Psychology and Educational Studies
Associate Professor Dr. Ernst Schraube
Universitetsvej 1, DK-4000 Roskilde, Denmark
Tel.: +45 4674 2610, Fax: + 45 4674 3091, E-mail: schraube@ruc.dk



March 2, 2013

Caroline Nilson, Paul Morrison and Cathy Fetherston
Murdoch University

Letter of Acceptance

Dear Caroline Nilson, Paul Morrison and Cathy Fetherston,

On behalf of the organizing committees of the International Conference "Psychology and the Conduct of Everyday Life", we are pleased to inform you that your paper presentation *Being immersed in the everyday lives of an Australian Aboriginal community: the personal development required of a non-Aboriginal researcher* has been accepted for the conference and will be published in the conference abstract booklet.

The conference will be hosted by Roskilde University, Roskilde, Denmark, from Wednesday June 26 to Friday, June 28, 2013.

We are looking forward seeing you at the conference!

Yours sincerely,

A handwritten signature in blue ink that reads 'Ernst Schraube'. The signature is written in a cursive, flowing style.

Charlotte Højholt, Kasper A. Kristensen, Ernst Schraube
CEL 2013, Chairs of the Conference

- 5 - Nilson, C., Morrison, P., & Fetherston, C. (2012, October). *The Bindjareb yorgas health program: Health promotion through a community based research intervention project*. Presented at the 12th Australian College of Nursing Community and Primary Health Care Conference: "Shaping and influencing primary health care", Perth, Western Australia, Australia.

Sent: Thur 30/08/2012 12.40pm

From: Emily Galbraith [Emily.galbraith@rcna.org.au] on behalf of Events[events@rcna.org.au]

To: Caroline Nilson

Cc: Events

Subject: 2012 CAN Abstract Submission Notification

Dear Caroline,

Thank you for your abstract submission for the 2012 ACN Community and Primary Health Care Nursing Conference.

ACN received an overwhelming response to this year's Call for Abstracts. The submissions were highly competitive and unfortunately on this occasion we are unable to accept your abstract '*The Bindjareb Yorgas Health Program: Health Promotion Through a Community Based Research Intervention Project*' for oral presentation. Changes to the program will still be made until Wednesday 19 September 2012 and if we are able to accommodate your abstract for oral presentation we will contact you at this time.

As your abstract was of high quality, ACN would like to offer you the opportunity to present your paper as a poster presentation.

A feature of the conference program will be poster presentations. Posters are an important visual aspect of the conference and will be viewed throughout the conference with a 'poster viewing with authors' session scheduled on Thursday 18 October 2012. This session provides a valuable opportunity for delegates to discuss the work presented in the posters with the authors.

To assist us in finalising the program for the conference, please advise by **Wednesday 5 September 2012** your acceptance of the offer to present a poster.

Please do not hesitate to contact the ACN Events team by phone: 02 6215 8328 or email to: events@rcna.org.au should you have any queries.

Sincerely,
ACN Events

Australian College of Nursing
1 Napier Close, Deakin ACT 2600
PO BOX 219, Deakin West ACT 2600
t +61 2 6215 8328 | f +61 2 6282 3565
freecall 1800 061 660
www.acn.edu.au

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Community and Primary 17-19 October | 12
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- 6 - Nilson, C.,** Morrison, P., & Fetherston, C. (2012, September). *Collaboration and Consultation: The key to the development to the Bindjareb Yorgas Health Program*. Presented at the 14th National Conference of the Congress of Aboriginal and Torres Strait Islander Nurses: "Gettin There", Cairns, Queensland, Australia.

From: "catsin@bigpond.net.au" <catsin@bigpond.net.au>

Date: 23 July 2012 1:55:52 PM AEST

To: Caroline Nilson <C.Nilson@murdoch.edu.au>

Subject: CATSIN Conference

Congress of Aboriginal and Torres Strait Islander Nurses

23 July 2012

Dear Caroline and Sharree

I am pleased to let you know that you have been selected to present at the CATSIN conference, 19-21 September, 2012 in Cairns. **Your presentation is scheduled from 10.30 – 11.00 am on Friday 21 September 2012.**

Please send your abstract, bio and a photograph of yourself as soon as possible as we are finalising the program to go to print.

If you have a presentation on a CD Rom or USB stick please present it to the CATSIN representative at the multimedia area the evening prior to your presentation. Where this is not possible, present it no later than 0830hrs on the morning of your presentation. Please also check that your disc/information is complete and satisfactory. Please ensure that your disc is clearly marked. If you plan to bring your own laptop and it is an Apple Macintosh, please bring your own adaptor for the projector.

Please be aware that there are some sensitive areas regarding Aboriginal and Torres Strait Islander people that should not be discussed without prior approval of the Conference organisers.

Areas that may include but are not limited to specifics of Aboriginal and Torres Strait Islander spirituality, men and women's health issues, secret business, individual case studies that may be identifiable within the audience you are presenting to. If you speak about an area that is culturally sensitive without prior approval by the conference committee, and are deemed to be culturally inappropriate you will be asked to stop your presentation.

If you are unsure if your presentation holds information that should not be discussed in an open forum of Indigenous and non-Indigenous people, please feel free to run it by the conference selection committee. Any amendments or changes to approved papers will need to be re-presented to the conference selection committee.

Finally, please be aware that your presentation will be published on our Conference CD which is available for purchase after the CATSIN conference.

If you have any questions, please contact the CATSIN office on 07 3410 7236.

Thank you and we look forward to seeing you at the conference.

Dr Sally Goold OAM

Executive Director

CATSIN

Phone: (07) 3410 7236

Fax: (07) 3410 7235

Email: catsin@bigpond.net.au

Web: www.catsin.org.au



- 7 - Nilson, C., Morrison, P., & Fetherston, C. (2012, July).** *The proposal: The Bindjareb Yorgas Health Program: Improving the health of women and their families.* Presented at the Rural Health West Aboriginal Health Conference: "Sharing stories, sharing successes", Perth, Western Australia, Australia.

Sent: Tue 17/04/2012 2:44pm

From: Rural Health West Events [RuralHealthWest-Events@ruralhealthwest.com.au]

To: Caroline Nilson

Subject: Abstract Submission - Aboriginal Health Conference 7 & 8 July 2012

Thank you for submitting an abstract to present at our Aboriginal Health Conference taking place at Pan Pacific Perth on 7 & 8 July 2012.

Please note **Abstract Submission Key Dates:**

11 May 2012	Abstract notification letters sent by e-mail to First Authors regarding the decisions of the Education Steering Committee
16 May 2012	Deadline to withdraw or make changes to an abstract
31 May 2012	Abstracts released on www.ruralhealthwest.com.au

Please do not hesitate to contact me if you have any queries,

Best wishes,

Fiona Geoghegan

Administrative Support Officer - Retention

Rural Health West

PO Box 433, Nedlands Western Australia 6909

Level 2, 10 Stirling Highway, Nedlands Western Australia 6009

T +61 8 6389 4525 | **F** +61 8 6389 4501

E fiona.geoghegan@ruralhw.com.au | **W** www.ruralhealthwest.com.au

Western Australian Centre for Remote and Rural Medicine Ltd ABN 29 123 188 367



Sent: Fri 11/05/2012 1:27pm

From: Rural Health West Events [RuralHealthWest-Events@ruralhealthwest.com.au]

To: Caroline Nilson

Subject: Aboriginal Health Conference 2012 - PRESENTATION CONFIRMATION DETAILS

Dear Caroline,

Thank you for submitting an abstract to present at the Rural Health West Aboriginal Health Conference 2012 early next month. The Conference is taking place at the Pan Pacific Perth, formerly the Sheraton Perth Hotel on the dedicated conference level of the hotel.

The details of your presentation are as follows:

Title: The Bindjareb Yorgas Health Program: Improving the health of women and their families

Presentation Type: Concurrent

Date: Saturday 7 July 2012

Scheduled Time: 1.50pm

Location: Golden Ballroom South

Your presentation and Handouts: Please bring your presentation along on a USB stick or CD on the day for the AV technicians to load on to the provided lap top. Alternatively, you can forward your presentation to me before close of business on Tuesday 3 July 2012.

If you would like handouts given out at your presentation, I am happy to ensure copies are made and available in the room you will present in. I will need to receive the handouts (preferably electronically) by COB on Tuesday 3 July 2012.

Should you have any further queries, please do not hesitate to call me on (08) 6389-4525 or alternatively email me at fiona.g@ruralhw.com.au

We look forward to welcoming you to the 2012 Aboriginal Health Conference.

Fiona Geoghegan

Administrative Support Officer - Retention

Rural Health West

PO Box 433, Nedlands Western Australia 6909

Level 2, 10 Stirling Highway, Nedlands Western Australia 6009

T +61 8 6389 4525 | **F** +61 8 6389 4501

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Western Australian Centre for Remote and Rural Medicine Ltd ABN 29 123 188 367



APPENDIX K

Media Releases (1 – 10)

¹Mandurah Coastal Times. (2013, August 28). Murdoch University, **Caroline Nilson: Healthy Signs**. [Press Release], ID 00210533800.

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Mandurah Coastal Times, Mandurah WA
28 Aug 2013

General News, page 31 - 228.00 cm²
Regional - circulation 36,185 (--W----

ID 00210533800



PAGE 1 of 1

HEALTHY SIGNS

THE colourful and vibrant artworks on show at INQB8.mandurah are the result of a commitment to a healthier lifestyle by a group of Bindjareb women and children from Pinjarra.

The Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny exhibition features more than 20 striking pieces painted by participants of the Bindjareb Yorgas Health Program and the Deadly Koolinga Chefs Program.

Both programs were born from discussions and collaboration between female elders and leaders from the Murray District Aboriginal Association and Caroline Nilson from Murdoch University's School of Health Professions.

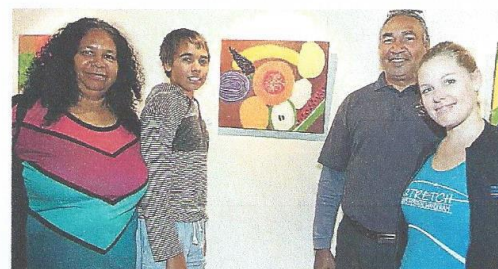
The programs specifically address the Pinjarra Bindjareb women's concerns about health issues in their community.

The Bindjareb Yorgas Health Program engages up to 15 Bindjareb women with weekly classes on exercise, cooking and nutrition and health.

The Deadly Koolinga Chefs Program is designed for Bindjareb children aged 11 and 12 to develop cooking and nutrition skills.



Judi Rogers and Paul Fleetham.



Gloria Kearing, Michael Hansen Jnr, George Walley and Rebecca Nelson.



Caterers Keith Savage and Ken Gwyer.



Beate Kratt and Gloria Kearing.

²Murray Mail. (2013, August 27). Murdoch University, **Caroline Nilson: Aboriginal art exhibition.** [Press Release], ID 00210308197.

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Murray Mail, Murray Shire
27 Aug 2013

General News, page 9 - 248.00 cm²
Regional - circulation 6,250 (Fortnightly)



ID00210308197

PAGE 1 of 1

Aboriginal art exhibition

A GROUP of Pinjarra women and children from the Aboriginal Bindjareb people say their artworks on show at INQB8.mandurah are the result of their commitment to a healthier lifestyle.

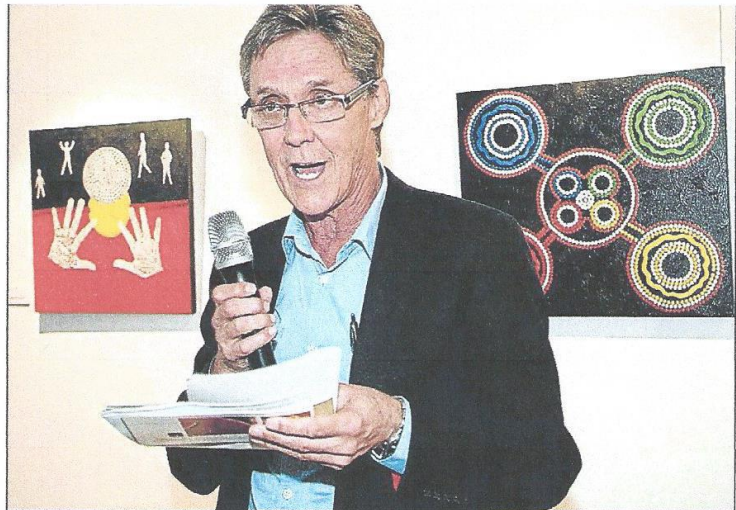
The Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny exhibition features more than 20 striking pieces painted by participants of the Bindjareb Yorgas Health Program and the Deadly Koolinga Chefs Program.

Both programs were born from collaboration between female elders and leaders from the Murray District Aboriginal Association and Caroline Nilson from Murdoch University's School of Health Professions.

The programs specifically address the Pinjarra Bindjareb women's concerns about health issues in their community.

The participants strive to develop their knowledge and skills to improve health and well-being and to pass the knowledge on to their friends and family.

The Bindjareb Yorgas Health Program engages up to 15 Bindjareb women with weekly classes on exercise, cooking, nutrition and health.



Support: The exhibition was opened to a full house at INQB8.mandurah (above and below).

The Deadly Koolinga Chefs Program is designed for Bindjareb children aged 11 and 12 to develop their cooking and nutrition skills.

The children learn to plan, shop for and prepare healthy meals.

The exhibition was opened to a full house at INQB8.mandurah and will be on show until September 15.

Well-known Bindjareb artist Gloria Kearing mentored the artists in the lead up to the exhibition, helping them to express their ideas of culture and symbolism.



³Mandurah Mail. (2013, August 22). Murdoch University, **Caroline Nilson**: Exhibition a commitment to healthier life. [Press Release], ID 00209611505.

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Mandurah Mail, Mandurah WA
22 Aug 2013

General News, page 18 - 289.00 cm²
Regional - circulation 37,451 (---T---)

ID 00209611505



PAGE 1 of 1

ART

Exhibition a commitment to healthier life

A GROUP of Pinjarra women and children from the Aboriginal Bindjareb people say their artworks on show at INQB8.mandurah are the result of their commitment to a healthier lifestyle.

The Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny exhibition features more than 20 striking pieces painted by participants of the Bindjareb Yorgas Health Program and

the Deadly Koolinga Chefs Program.

Both programs were born from collaboration between female elders and leaders from the Murray District Aboriginal Association and Caroline Nilson from Murdoch University's School of Health Professions.

The programs specifically address the Pinjarra Bindjareb women's concerns about health issues in their community.

The participants strive to develop their knowledge and skills to improve health and wellbeing and to pass the knowledge on to their friends and family.

The Bindjareb Yorgas Health Program engages up to 15 Bindjareb women with weekly classes on exercise, cooking, nutrition and health.

The Deadly Koolinga Chefs Program is designed for Bindjareb children aged 11 and 12 to develop their cooking and nutrition skills.

The children learn to plan, shop for and prepare healthy meals.

The exhibition was opened to a full house at INQB8.mandurah on August 9 and will be on show until Sunday, September 15.

Well-known Bindjareb artist Gloria Kearing mentored the artists in the lead-up to the exhibition, helping them to express their ideas of culture and symbolism.

Roughly translated, the exhibition means 'our families come together to talk tell stories', and the participants hope to communicate their stories across many cultures.



Families come together: The exhibition is opens to a full house at INQB8 mandurah

⁴Morton, A. (2013, August 9). Murdoch University, **Caroline Nilson: Artwork is a reflection of a healthier lifestyle**. [Press Release], ID 00207630500. Southern Telegraph (WA), Mandurah, WA.

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Southern Telegraph (WA), Mandurah, WA
09 Aug 2013, by Arran Morton



General News, page 11 - 429.00 cm²
Regional - circulation 21,124 (----F--)

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ID 00207630500

PAGE 1 of 2

Artwork is a reflection of a healthier lifestyle

I Arran Morton

It was the adoption of a healthier lifestyle that helped Murray District Aboriginal Association elder Gloria Kearing feel like she was glowing.

"Glowing Reflection" – Ms Kearing's striking artwork – is just one of dozens of colourful pieces to go on show at Mandurah's INQB8 Centre for Contemporary Art today, the culmination of the hugely successful Ngaalang Moort Dointj Dointj Koorliny Waanga Waangkaniny project.

Roughly translated as "Our families, coming together to talk and share stories", the project led to development of the Bindjareb Yorgas Health Program, which engaged Pinjarra families in healthy eating, exercise and art, Ms Kearing said.

"Glowing Reflection shows how I felt after taking part in the project and mentoring the others," she

said.

"Before this, every day felt the same and we were getting sick from not eating the right foods.

"But now, I feel like a different me and the others feel the same."

Murdoch University lecturer and project manager Caroline Nilson said as well as healthy eating, exercise and art, the project involved a series of discussions about mental and emotional health, medical conditions such as diabetes and living sustainable lifestyles by growing vegetables.

"The whole point of the project is to have the community take control of it and run it themselves," Ms Nilson said.

"They want to see generational change within this vibrant, tight-knit community."

Pop down to INQB8, 63 Ormsby Terrace, Mandurah, from 4pm.

⁵Murray Mail. (2013, May 7). **Caroline Nilson**: *The home-grown way*. [Press Release].

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Murray Mail, Tuesday, May 7, 2013

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The home-grown way

A veg-ucation: Children got their hands dirty at Binjareb Park in Pinjarra last Tuesday. Caroline Nilson from Murdoch University and Michelle Mullarkey from Greening Australia joined forces with John Bodycoat, a conservationist from Fairbridge Village. Pinjarra children planted vegetables as part of a project to teach Aboriginal families how to grow and cook healthy food.

**INSIDE
TODAY**

Festival
cheer in
Pinjarra



page 6

**Five
generations
reunite**

^{5a}Murray Mail. (2013, May 2). Murdoch University, **Caroline Nilson: Kids get growing at Bindjareb Park.** [Press Release].

[TV Guide](#) 
 What's on the box
 this afternoon?

Murray Mail

Thursday May 16, 2013


Murdoch
 UNIVERSITY

Kids get growing at Binjareb Park

May 2, 2013, 10:14 a.m.



Local kids get their hands dirty at Binjareb Park.
Slide 7 of 7

SOME in the Pinjarra community are eager to give Binjareb Park a makeover.

Volunteers pulled on their gardening gloves on Tuesday, April 30 and got the kids involved too, planting seeds in the new vegetable patch.

A lot of hard work has gone into restoring the old building and making it a safe and welcoming environment for local youth, including Aboriginal families.

The veg-planting is part of a health drive, led by Murdoch University's Caroline Nilson, to educate Aboriginal women and children how to grow and cook fresh, healthy food.

Have a look at our gallery from the day.

Audi Vorsprung durch Technik 

Audi quattro drive

The End of Financial Year Sale



*View Disclaimer
View offer details 

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⁶Mandurah Coastal Times. (2013, June 19). Murdoch University, **Caroline Nilson: Seeds of the future**. [Press Release], ID 00199547124

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Mandurah Coastal Times, Mandurah WA
19 Jun 2013

General News, page 28 - 252.00 cm²
Regional - circulation 36,185 (—W—)

ID 00199547124



PAGE 1 of 1

MURRAY

Seeds of the future

Hundreds of vegetables are being planted in Murray Districts Aboriginal Association's community garden and garden guru, author and TV personality Neville Passmore went along for a look and filed this report.

I WENT to the Community Vegetable Garden planting day to see hundreds of vegies going into prepared soil in raised beds.

This planting project is the product of an evolving collaboration aimed to improve Aboriginal health, wellbeing and family connections in the Peel community.

Lecturer, PhD candidate, registered nurse and midwife from Murdoch University School of Health Professions Caroline Nilson has collaborated with the women from the Murray District Aboriginal Association.

The result is the Bindjareb Yorgas Health Program, aimed at developing health literacy, health awareness and skills to engage in healthy lifestyle choices.

Under this banner, Caroline set up a pilot program in 2011 called the Deadly Koolinga Chefs in which a group of eight children aged 11 and 12 took part in a 12-week nutrition and cooking program.

Each day, every child took home a ready-made meal for four so that benefits flowed to the rest of the family.

Support from The Community Development Foundation and Soroptomists International



Youngsters make plant labels at the community garden.

of Riverside has enabled the chefs project to continue and expand into 2013.

The Bindjareb Yorgas Health Program includes four competencies, which involve healthy eating, healthy preparation and cooking, mental health and understanding health issues.

The most recent expression of the program led to the development of a food garden to supply fresh fruit, vegetables and herbs.

More collaborations came forward including Greening Australia, supported by Alcoa's Making an Impact program.

Their help was in the form of materials and plants.

John Bodycoat of the Pinjarra Community Garden led a team of Fairbridge students studying conservation and land management and provided much of the expertise and labour to set up garden beds, the irrigation systems and planting out.

C-Wise, a local organic soil fertility company, supplied a

high humus soil conditioner to turn sand into growing soil for the vegetable beds as well as for individual fruit trees.

The aim of the community vegetable garden is to provide fresh produce for the continuation of the cooking program and for use by the community.

A master plan is underway for the Department of Environment-administered land surrounding the Aboriginal community Centre in Hampton Road, Pinjarra.

This 7.5 ha site is planned with women's walk trails as well as bush food trails.

The interpretative trails are seen as a means of engaging with the community and an opportunity to explain aboriginal custodianship of the land.

Every program of this nature needs a champion to provide inspiration and energy.

Murray Districts Aboriginal Association chairman Karrie-Anne Kearing and husband Mark Salmon fulfil this role with great enthusiasm and a lot of plain hard work.

⁷Martin, A. (2013, June 4). Murdoch University, Caroline Nilson: Volunteer studies Aboriginal wellbeing. Murray Mail, Murray Shire, p. 6, ID 00197136838.

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Murray Mail, Murray Shire
04 Jun 2013, by Amy Martin

General News, page 6 - 290.00 cm²
Regional - circulation 6,250 (Fortnightly)



ID00197136838

PAGE 1 of 1

Volunteer studies Aboriginal wellbeing

by **Amy Martin**

VOLUNTEERING with Aboriginal people inspired a local mother to do a PhD on the subject.

Three years ago, Caroline Nilson, a registered nurse and midwife, was approached by the Murray District Aboriginal Association to help run a health and wellbeing program in the community.

She began a cooking class for children named the Deadly Koolinga Chefs and due to its success a similar program was created for women, called the Deadly Yorgas Health Program.

"It developed into more than just cooking," Ms Nilson said.

"The women said 'What about fitness? What about yarning?' and it grew into a multi-faceted program; a holistic program of wellbeing."

Ms Nilson realised early on that the program should be recorded in the hope it would become a blueprint for other Aboriginal communities.

It was at this point she decided to apply for a PhD scholarship at Murdoch University to record the group's progress.

Now with two cooking classes – one for women and one for children – various fitness groups, an art class, a community vegetable

garden and a walking group which goes through the traditional native land of the community, Ms Nilson is as busy as ever.

The next step is to develop systems to help the community and make the program sustainable.

Ms Nilson said the Indigenous communities she worked with "welcomed the change for future generations".

"I don't want to leave an empty path; the path leads to something and will be sustainable," she said.

"I don't think I'll ever not be involved."



Inspired: Caroline Nilson with an art piece created as part of her Aboriginal health and wellbeing program.

⁸Oliver, S. (2013, January 1). Murdoch University, **Caroline Nilson: Pinjarra Women enjoy the benefits of swapping**. [Press Release], ID 00178625089. Mulga Mail, Geraldton WA.



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Mulga Mail, Geraldton WA
01 Jan 2013, by Sandy Oliver

General News, page 12 - 289.00 cm²
Regional - circulation (Monthly)

ID 00178625089



PAGE 1 of 2

Pinjarra Women enjoy the benefits of swapping

If you hear the sound of South American music floating through Pinjarra on a Monday morning, you can bet that some local women are having a ball while getting fit.

The Columbian dance-fitness craze called Zumba, practised by Hollywood stars such as Jennifer Lopez and Halle Berry, has become part of a new weekly routine for a group of Aboriginal women from Pinjarra seeking a healthier lifestyle. Besides Zumba, they're also taking nutrition classes and walks, and while they're learning about the benefits of exercise and good nutrition they're making new friends.

Fifteen local women are taking part in the Bindjareb Yorgas Health Program, named after the Bindjareb Indigenous people of the Peel Region (yorgas translates as women). The program is sponsored by the Swap It, Don't Stop It campaign, funded by the Federal Government and administered in WA by the Heart Foundation. Launched in March last year, the campaign aims to provide Australians with the tools and understanding to make healthy lifestyle choices by swapping bad habits for good ones.

It started mid-September 2012 and centres on the MOAS facility at Pinjarra Primary School where the

Zumba dance classes are held every Monday morning. "It's been really successful and we've had a sustained attendance, which obviously means they enjoying it," said program co-ordinator Caroline Nilson. "And it's also given them a good sense of woman-ship, if you like." Mrs Nilson, a lecturer at the school of nursing and midwifery at Murdoch University's Peel Campus, devised the 12-week program in conjunction with the Murray District Aboriginal Association's chairperson, Karrie-Anne Kearing. "These classes are very popular and we've been lucky enough to have Jemma Hahn, a local and trained Zumba instructor, to lead the group," Mrs Nilson said. "The music and the movement get them going and they just love to dance."

MOAS also hosts Wednesday nutrition classes which teach such topics as reading food labels to check things like sugar, salt and fat levels, as well as cooking lessons and how to construct healthy shopping lists. Friday mornings are set aside for walks. "We walk between 30 and 45 minutes, mostly along the Murray River, and children are encouraged to come to make it easier for their mothers to attend," Mrs Nilson explained. "I encourage those on the program to do things like 'swap deep fries for oven wedges' and 'swap fried for fresh'. For walking, I'll say, 'let's swap sitting and watching for walking and talking'."

Ms Kearing said: "It's great that we're getting Aboriginal



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Mulga Mail, Geraldton WA
01 Jan 2013, by Sandy Oliver

General News, page 12 - 289.00 cm²
Regional - circulation (Monthly)

ID 00178625089



PAGE 2 of 2

people meeting in a healthy way. Some of the recipes we've been learning we've taken to the school where we cook with kids, and they're enjoying eating them — it's surprised me. I think it starts with the parents; when the parents start enjoying eating healthy, it spreads to the kids. Like walking— that becomes a family thing." She said a couple of the participants were proud of the fact they'd lost a couple of kilos in weight. Plus, they all enjoyed the program's social aspects. "Instead of sitting at home by yourself, you get in with a group your own age and get talking — it helps your mental state as well," she added.

The primary target group of Swap It, Don't Stop It is the 25-50 year-old age group, particularly those with children, those with low socio-economic and non-English speaking backgrounds, and Indigenous people outside Metropolitan Perth. Heart Foundation senior project officer Lisa Wheatley said the campaign encouraged people to consider small swaps involving nutrition and physical activity. These could be incorporated into daily life and would have the potential to help reduce the risk factors of chronic disease.

**For more information please contact:
Sandy Oliver, Manager Media and
Communications Ph: 9382 5947 or Mob:
0403 348 749**

⁹Fenner, R. (2012, November 28). Murdoch University, **Caroline Nilson**: *Yorgas take on health and exercise challenge*. [Press Release], ID 00172376196. Mandurah Coastal Times.



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Mandurah Coastal Times, Mandurah WA
28 Nov 2012

General News, page 29 - 244.00 cm²
Regional - circulation 36,076 (--W----)

ID 00172376196



PAGE 1 of 1



Jodie Kearing, Melissa Spaeth and Caroline Nilson (back) with Kerry-Anne Kearing, Gloria Kearing, Ashliegh Indich, Jacinta Taylor and Heidi Blurton. Picture: Jon Hewson

Yorgas take on health and exercise challenge

A GROUP of Aboriginal women are shaking it to Zumba and seeking a healthier lifestyle while taking part in the Bindjareb Yorgas Health Program.

It is named after the Bindjareb indigenous people of the Peel Region and yorgas, women in their language.

The 15 women are also learning about healthy nutrition and benefits of exercise.

Gloria Kearing is the oldest person taking part and she said she was surprised at what she had learned.

"I've learned about healthy eating and had a complete overhaul of eating," she said.

"Aboriginal people have high rates of diabetes, so we learn about salt and sugar here and then we can share with our families."

Sponsorship comes from the Swap It, Don't Stop It campaign, funded by the Australian Government and administered by the Heart Foundation.

Launched in March last year, the campaign aims to provide Australians with the

tools and understanding to make simple swaps to improve their health.

"It's been really successful and we've had a sustained attendance, which obviously means they are enjoying it," said program co-ordinator and Murdoch University lecturer Caroline Nilson. "And it's also given them a good sense of woman-ship, if you like."

Mrs Nilson devised the 12-week program in conjunction with the Murray District Aboriginal Association's chairperson Karrie-Anne Kearing,

¹⁰Murray Mail. (2012, November 20). Murdoch University, **Caroline Nilson: Bindjareb 'yorgas' staying fit.** [Press Release], ID 00171195033.



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Murray Mail, Murray Shire
20 Nov 2012

General News, page 7 - 209.00 cm²
Regional - circulation 6,250 (Fortnightly)

ID 00171195033



PAGE 1 of 1

Bindjareb 'yorgas' staying fit

IF PEOPLE hear the sound of South American dance music floating through Pinjarra on a Monday morning, they can bet some local women are having a ball.

The Colombian dance-fitness craze called Zumba has become part of a new weekly routine for a group of Aboriginal women from Pinjarra seeking a healthier lifestyle.

The women are also taking nutrition classes and walks and while they're learning about the benefits of exercise and good nutrition they're making new friends.

Fifteen local women are taking part in the Bindjareb Yorgas Health Program, named after the Bindjareb Indigenous people of the Peel region.

The program is sponsored by the Swap It, Don't Stop It campaign, funded by the Australian Government and administered by the Heart Foundation.

Launched in March last year, the campaign aims to provide Australians with the tools and understanding to make simple swaps to improve their health.

"It's been really successful and we've had a sustained attendance, which obviously means they are enjoying it," program coordinator Caroline Nilson said. "And it's also given them a good sense of woman-ship, if you like."

Mrs Nilson, a lecturer at the school of nursing and midwifery at Murdoch University's Peel Campus, devised the 12-week program in conjunction with the Murray District Aboriginal Association's chairperson Karrie-Anne Kearing.

It started mid-September and centres on the MOASH facility at Pinjarra Primary School where the Zumba dance classes are held every Monday morning.

"These classes are very popular and we've been lucky enough to have Jemma Hahn, a local and trained Zumba instructor, to lead the group," Mrs

Nilson said. "The music and the movement get them going and they just love to dance."

MOASH also hosts Wednesday nutrition classes which teach topics such as reading food labels to checking things like sugar, salt and fat levels, as well as cooking lessons and how to construct healthy shopping lists.

Friday afternoons are set aside for walks.

"We walk between 30 and 45 minutes, mostly along the Murray River, and children are encouraged to come to make it easier for their mothers to attend," Mrs Nilson said.

"I encourage those on the program to do things like 'swap deep fried wedges for oven wedges' and 'swap fried for fresh'.

"For walking, I'll say, 'let's swap sitting and watching for walking and talking'.

"It's great that we're getting Aboriginal people meeting in a healthy way.

"Some of the recipes we've been learning we've taken to the school where we cook with kids, and they're enjoying eating them – it's surprised me.

"I think it starts with the parents; when the parents start enjoying eating healthy, it spreads to the kids.

"Like walking – that becomes a family thing."

She said a couple of the participants were proud of the fact they'd lost a couple of kilograms in weight all enjoyed the program's social aspects.

"Instead of sitting at home by yourself, you get in with a group your own age and get talking – it helps your mental state as well," Ms Kearing said.

The primary target group of the Swap It, Don't Stop It campaign is parents and carers.

Heart Foundation senior project officer Lisa Wheatley said the campaign encouraged people to consider small swaps involving nutrition and physical activity.

APPENDIX L Letters from the MDAA for the Human Ethics Committees**1. Letter for Western Australian Aboriginal Health Ethics Committee**

Murray Districts Aboriginal Association
Pinjarra
Western Australia
6208

Western Australia Aboriginal Health Information and Ethics Committee

15th March 2012

To the WA Aboriginal Health and Ethics Committee

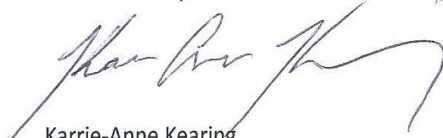
Murray Districts Aboriginal Association is wholeheartedly in support of this application, which will bring about great change and opportunity for our community. The prospect of delivery of a range of projects developed with MDAA for residents of the Bindjareb community is very exciting and builds on the aspirations of the community.

Over the past 5 years we have worked with several organisations and people on many short term projects which have included youth programs including sports, food and nutrition, breakfast clubs and homework classes. Social programs suitable for adults have included Women's groups and Crèche groups. Most of these projects have been on an ad hoc basis with no long-term guarantees.

This program of linking professionals with local decision makers will engage our community in specifically targeted activities that will help further enhance our vision of generational change. I urge the committee to support this project so that it may reach its full potential and so that local programs can be expanded and confidently move forward to a sustainable and stronger future.

It is with pleasure that I as a Bindjareb woman Leader, accept the appointment of Research Associate for this project, which I see as an important role as an advocate for my community.

Yours sincerely,



Karrie-Anne Kearing
Chairperson
Murray Districts Aboriginal Association

2. Letter to Murdoch University Human Research Ethics Committee

Murray Districts Aboriginal Association
Pinjarra
Western Australia
6208

Murdoch University
Human Ethics Research Committee

15th March 2012

To the Murdoch Human Ethics Research Committee

Murray Districts Aboriginal Association is wholeheartedly in support of this application, which will bring about great change and opportunity for our community. The prospect of delivery of a range of projects developed with MDAA for residents of the Bindjareb community is very exciting and builds on the aspirations of the community.

Over the past 5 years we have worked with several organisations and people on many short term projects which have included youth programs including sports, food and nutrition, breakfast clubs and homework classes. Social programs suitable for adults have included Women's groups and Crèche groups. Most of these projects have been on an ad hoc basis with no long-term guarantees.

This program of linking professionals with local decision makers will engage our community in specifically targeted activities that will help further enhance our vision of generational change. I urge the committee to support this project so that it may reach its full potential and so that local programs can be expanded and confidently move forward to a sustainable and stronger future.

It is with pleasure that I as a Bindjareb woman Leader, accept the appointment of Research Associate for this project, which I see as an important role as an advocate for my community.

Yours sincerely,



Karrie-Anne Kearing
Chairperson
Murray Districts Aboriginal Association

APPENDIX M



MUHREC Approval

www.murdoch.edu.au

Research Ethics Office

Division of Research and Development
Chancellery Building
South Street
MURDOCH WA 6150
Telephone: 9360 6677
Facsimile: 9360 6686
human.ethics@murdoch.edu.au
www.research.murdoch.edu.au/ethics

Friday, 25 May 2012

Prof Paul Morrison
School of Midwifery and Nursing
Murdoch University

Dear Paul,

Project No. 2012/051

Project Title Bindjareb Yorgas Health Program: Promoting Aboriginal women's health in a regional community setting

Thank you for addressing the conditions placed on the above application to the Murdoch University Human Research Ethics Committee. On behalf of the Committee, I am pleased to advise the application now has:

OUTRIGHT APPROVAL

Approval is granted on the understanding that research will be conducted according the standards of the National Statement on Ethical Conduct in Human Research (2007), the Australian Code for the Responsible Conduct of Research (2007) and Murdoch University policies at all times. You must also abide by the Human Research Ethics Committee's standard conditions of approval (see attached). All reporting forms are available on the Research Ethics web-site.

I wish you every success for your research.

Please quote your ethics project number in all correspondence.

Kind Regards,

A handwritten signature in black ink, appearing to read 'E. von Dietze'.

Dr. Erich von Dietze
Manager of Research Ethics

cc: A/Prof Catherine Fetherston
Caroline Nilson

APPENDIX N

WAAHEC Ethics Approval



Western Australian Aboriginal Health Ethics Committee
2 Bulwer Street, PERTH WA 6000
PO Box 8493, Stirling Street, PERTH WA 6849

23rd August 2012

Dear Paul,

RE: HREC Reference number: 399

Project title: *Bindjareb Yorgas Health Program: Promoting Aboriginal women's health in a regional community setting*

Thank you for submitting the above research project which was considered by the WAAHEC out of session.

I am pleased to advise that the WAAHEC has granted approval of this research project.

WAAHEC approval is granted from 23rd August 2012 pending your agreement of the following conditions:

1. Conditions

- The WAAHEC will be notified, giving reasons, if the project is discontinued before the expected date of completion.
- The Coordinating Investigator will provide an annual report to the WAAHEC and at completion of the study in the specified format. This form can be found on the AHCWA website (www.ahcwa.org).
- The approval for studies is for three years and the research should be commenced and completed within that period of time. Projects must be resubmitted if an extension of time is required.
- Copies of any publications that arise from this research are to be given to the WAAHEC prior to release.
- That the Aboriginal and Torres Strait Islander community are formally acknowledged for their contribution to this research project.

2. Amendments

If there is an event requiring amendments to be submitted you should immediately contact ethics@ahcwa.org for advice.

Should you have any queries about the WAAHEC's consideration of your project please contact ethics@ahcwa.org.

The WAAHEC wishes you every success in your research.

Kind regards

Chelsea Bell
For
Tammy Prouse
Chair, WAAHEC

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)*, *NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007)* and the *CPMP/ICH Note for Guidance on Good Clinical Practice*. The process this HREC uses to review multi-centre research proposals has been certified by the NHMRC.

APPENDIX O



Pilot Project Amendment

Research Ethics Office

www.murdoch.edu.au

Division of Research and Development
Chancellery Building
MURDOCH WA 6150
Telephone: 9360 6677
Facsimile: 9360 6686
human.ethics@murdoch.edu.au
www.research.murdoch.edu.au/ethics

Friday, 24 August 2012 South Street

Prof Paul Morrison
School of Midwifery and Nursing

Dear Paul,

Project No. 2012/051
Project Title Bindjareb Yorgas Health Program: Promoting Aboriginal women's health in a regional community setting

AMENDMENT: Conduct pilot study for the Bindjareb Yorgas Health Program (BYHP)

Your application for an amendment to the above project, received on 23 August 2012 was reviewed by the Murdoch University Research Ethics Office and was;

APPROVED

Approval is granted on the understanding that research will be conducted according to the standards of the National Statement on Ethical Conduct in Human Research (2007), the Australian Code for the Responsible Conduct of Research (2007) and Murdoch University policies at all times. You must also abide by the Human Research Ethics Committee's standard conditions of approval (see attached). All reporting forms are available on the Research Ethics web-site.

I wish you every success for your research.

Please quote your ethics permit number in all correspondence

Kind Regards,

A handwritten signature in black ink, appearing to read "E. von Dietze".

Dr. Erich von Dietze
Manager of Research Ethics

cc: A/Prof Catherine Fetherston and Caroline Nilson

APPENDIX P**1. Swap-It-Don't Stop-It Grant**

Caroline Nilson
Murdoch University, School of Nursing and Midwifery
Peel Campus,
Education Drive
Mandurah, WA 6210

14/07/12

Dear Caroline,

Re: Pilot Study – Bindjareb Yorgas Health Program

I am pleased to advise that your application for a Community Healthy Eating and Physical Activity Grant has been approved for \$4700 (excluding GST).

This funding must be used to implement your project as outlined in your application. A copy of your project overview and objectives, strategies/activities and evaluation is attached. Any changes to your project or this approved budget must be discussed with and agreed to by the Heart Foundation.

A condition of your organisation receiving this funding is for the following to be completed within one month of the project finishing:

1. the project acquittal from
2. a short survey administered by UWA
3. a final project report.

Further information regarding the above can be found in the 'Final Information for Successful Applicants Guide.' Please ensure you read this document closely. If you have any questions, please do not hesitate to contact me.

Yours sincerely,

Lisa Wheatley

Senior Project Officer – Healthy Weight
Ph: 9382 5935
E: lisa.wheatley@heartfoundation.org.au
Enc: Project Overview, Project Objectives, Strategies/Activities and Evaluation



National Heart Foundation
of Australia (Western
Australian Division) Inc
ABN 99 863 968 377

PO Box 1133
Subiaco WA 6904

Telephone 1300 55 02 82
Facsimile 1300 55 02 72

For heart health information
1300 36 27 87
www.heartfoundation.org.au

2. Ngulluk Koolbaang Grant



Government of Western Australia
Department of Health
North Metropolitan Area Health Service
Public Health and Ambulatory Care

08 November 2012

Ms Caroline Nilson
Murdoch University School of nursing and midwifery
Peel Campus, Education Drive
Mandurah

Dear Caroline ,

RE Ngulluk Koolbaang Eat Healthy, be active, Community grants

Congratulations for being one of the 11 successful organisations to be awarded the Ngulluk Koolbaang community grants to the value of \$5000.00 (GST free). We were very pleased with the interest generated by this community grants and the calibre of the applications.

As you are about to initiate your project we would like to invite you to attend a workshop where stakeholders such as Heart foundation, Red Cross, Foodbank, Cancer Council, Diabetes WA will provide information on their services and how they could support you and add value to your project.

At this workshop, your will be also presented with your service level agreements, reporting templates and other related information and documents as well as Ngulluk Koolbaang merchandise to be used through the life of your project.

Details of the workshop:

Date: Wednesday 14 November
Time: 2pm
Venue: Class B, 151 Wellington St
WASON building

Please feel free to contact our Senior Aboriginal Health Promotion Officers Kaylee Anderson (ph 9301 9212) and Kay Walley (ph 9301 9211) should you require further information.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Vilma Palacios'.

Vilma Palacios
A/Manager Health Promotion
North Metropolitan Public Health Unit
Level 1/162 Grand Boulevard/Cnr Boas Avenue
Joondalup WA 6027
Phone: (08) 9301 9219 I Fax: 9301 9255
Email: vilma.palacios@health.wa.gov.au;

PO Box 86 Lakeside Joondalup Shopping Centre
Joondalup WA 6027

3. Sharing Stories Grant for the Art Exhibition

WESTERN AUSTRALIAN HEALTH PROMOTION FOUNDATION

SUPPORT SPONSORSHIP PLAN



FILE NO: 1448

PROJECT TITLE: The Bindjareb Yorgas & Deadly Koolinga Chef

SPONSORED ORGANISATION: Murray Districts Aboriginal Association

AUCPICING ORGANISATION: Murdoch University

This sponsorship funding of \$3500.00 (GST Free) provides Healthway and Relationships Australia (RA) with the opportunity to target priority groups on the importance of healthy relationships and how they can develop happy, healthy relationships with their friends, families and partners. The project will encourage participants to develop their artistic skills, as well as foster the development of new friendships in a safe environment where the target groups can express themselves creatively.

STRATEGIES FOR SPONSORSHIP

1. **STRUCTURAL STRATEGIES**
 - 1.1 **Smoking**
<Detail omitted for sake of space restraint>
 - 1.2 **Alcohol**
<Detail omitted for sake of space restraint>
 - 1.3 **Catering**
<Detail omitted for sake of space restraint>
 - 1.4 **Sun Protection**
<Detail omitted for sake of space restraint>
 - 1.5.1 **Mental Health Promotion**
<Detail omitted for sake of space restraint>
 - 1.6 **Personnel Briefings**
<Detail omitted for sake of space restraint>
2. **PROMOTIONAL STRATEGIES**
 - 2.1 **Signage**
<Detail omitted for sake of space restraint>
 - 2.2 **Verbal Acknowledgment**
<Detail omitted for sake of space restraint>
 - 2.3 **Logo Acknowledgment**
<Detail omitted for sake of space restraint>
 - 2.4 **Media Acknowledgment**
<Detail omitted for sake of space restraint>
 - 2.5 **Public Announcements**
 - 2.6 **Clothing**
<Detail omitted for sake of space restraint>
 - 2.7 **Promotional Merchandise**
<Detail omitted for sake of space restraint>
 - 2.8 **Website**
<Detail omitted for sake of space restraint>
 - 2.9 **Invitations**
<Detail omitted for sake of space restraint>
3. **EDUCATIONAL STRATEGIES**
 - 3.1 **Program**
<Detail omitted for sake of space restraint>
 - 3.2 **Role Models**
 - 3.3 **Information Pamphlets**
<Detail omitted for sake of space restraint>
4. **CO-SPONSORS**
<Detail omitted for sake of space restraint>
5. **EVALUATION**
<Detail omitted for sake of space restraint>
6. **AGREEMENT**

I have read and understood the sponsorship plan and agree to incorporate the sponsorship strategies into the **The Bindjareb Yorgas & Deadly Koolinga Chef**.

Caroline Nilson

On behalf of Applicant

APPENDIX Q

Caroline Nilson Scholarship Confirmation

**Murdoch**
UNIVERSITY

DIVISION OF RESEARCH AND DEVELOPMENT
Graduate Research Office

www.murdoch.edu.au

South Street, Murdoch
Western Australia 6150
Telephone: 08 9360 2557
Facsimile: 08 9360 6686
K.OTOole@murdoch.edu.au
www.research.murdoch.edu.au

18 October 2011

Caroline Nilson
212 Gordon Road
PARKLANDS, WA 6180

Dear Caroline

Offer of Candidature and Alan Villiers and Iris May Peacocke Scholarship - 2011

We wish to thank you for your application and it is with great pleasure that Murdoch University is offering you candidature and an Alan Villiers and Iris May Peacocke Scholarship for the following degree, commencing in 2011

Your candidature details are as follows:

Degree: Doctor of Philosophy – Nursing
Enrolment: Full-time
Supervisor/s: Professor Paul Morrison/Dr Catherin Fetherston
School: Nursing

A Full Time Scholarship will carry a stipend of \$30,000 per year and will be paid on a fortnightly basis.

I have enclosed an enrolment pack and necessary forms to commence your enrolment and scholarship.

Documents to be returned to Graduate Research Office

- 2011 Enrolment Form
- Research Student Details Form
- 2 x Conditions of award (please sign one form and send back)
- Bank Authority form


CRICOS Provider Code: 00125J
ABN 61 616 369 313

To accept your place and commence your scholarship, please complete and sign the necessary forms and return them to the Graduate Research Office by post, in person or by email. Please note scholarship payments will commence on verification of enrolment.

Please do not hesitate to contact the Graduate Research Office should you have any queries regarding your enrolment. Our contact number is 08 9360 2452 or you can email at higherdegree@research.murdoch.edu.au. For further information please visit our website at: <http://www.research.murdoch.edu.au/gradcentre>.

The Graduate Research Office would like to extend our best wishes for every success with your future studies.

Yours sincerely



Kellie O'Toole
Manager Grants and Graduate Research
Division of Research and Development

APPENDIX R



Participant Code Number:

www.murdoch.edu.au

The Consent Form

The Bindjareb Yorgas Health Program: promoting aboriginal women's health in a regional community setting

1. I confirm that I am 18 years of age or more and that I am a Bindjareb woman from Pinjarra.
2. I agree that I will have a pre-exercise screening test and I might have to visit the Doctor for a check-up or treatment if the Fitness Instructor and / or Aboriginal Health Worker thinks I need to before I start the program.
3. I have read or had the Information Sheet read to me and I have been told all about the program and the study. I fully understand why the program and study is being done and what I have to do to be part of the study.
4. I have made my own mind up to be part of the program and the study and I understand that I can stop at any time I want to without any problems. I understand that I will receive compensation for my time and effort in participating in the research and I have been told the amount. If I do stop with the study I understand that I can still carry on with the activities in the program, but the compensation will stop.
5. I understand that the researchers will take photographs of the people in the group during the program for the study. Tick the box below that you want to choose:
I am happy to have my photograph taken (please tick) Yes ☐ No ☐
6. I understand that a code number will be used instead of my name during the recordings of the one-on-one and yarning sessions. I understand that my name and identity will be stored separately from the recordings in a locked cabinet with a security code and that only the researcher will be able to get the records.
7. I understand that the one-on-one yarning sessions will be tape recorded and the group yarning sessions will be video recorded. If I do not want this to happen I understand that they will be tape recorded instead.
I am happy to be videotaped (please tick) Yes ☐ No ☐
I am happy to be tape recorded (please tick) Yes ☐ No ☐
8. I understand that when the video tapes, tape recordings and photographs have been put together I will get a copy of them to see and / or hear so I can check I am happy for the contents to be used.
9. I understand that I will be invited to yarning sessions to hear about the results of the study.

Signature of Participant: _____ Date: __/__/__

Researcher

I have fully explained the program and the study to the participant. A copy of the Information Sheet and the Consent Form has been provided to the participant.

Name and Signature of Researcher: _____ Date: __/__/__

Participant gave a verbal consent to participate:

(Researcher name and signature)**Participant or Research Associate to complete (researcher use only):**

Full Name: _____

Day Time Telephone Number: _____

Address: _____

E-Mail: _____

Participant Code Number:

APPENDIX S



Information Sheet

www.murdoch.edu.au**The Bindjareb Yorgas Health Program: Promoting aboriginal women's health in a regional community setting**

We are asking the Pinjarra Bindjareb women to join a health program. The program consists of cooking sessions; fitness sessions; Kaartdijin lore yarning sessions and vegetable growing. It is called the Bindjareb Yorgas Health Program and it has been put together by a Bindjareb woman Leader and two Bindjareb woman Elders from your community and Caroline Nilson from Murdoch University. Caroline is being supervised by Professor Paul Morrison and Associate Professor Catherine Fetherston. Women who join the program will be part of a research project and will be asked to share their thoughts and feelings about the program in yarning groups and interviews.

Why is the program happening?

Your community Elders and Leader wanted to get some health programs going that are made just for the Pinjarra Bindjareb women so that you have programs of your own. Your Elders and Leader also want the Pinjarra Bindjareb community to be strong and to learn about ways to live healthy lives.

What are the benefits of joining the program?

The program will give you:

- Knowledge about cooking healthy food;
- Exercising your body for good health;
- Information about other health topics that are important to you and your family;
- Skills in maintaining a vegetable garden.

Also:

- The information shared with the researchers in the yarning sessions will help make sure that the program has been right for your community's needs and will also help make the program better for the future.
- The information could also help other communities like yours to make the same sort of health programs for their people.

When do the program sessions run?

Because it is difficult to go to things when you are looking after your children, the program will run during the school terms, which will make it easier for you to go. The program will be in the MOASH Building at the Pinjarra Primary. So:

- The fitness sessions will be three times a week for 1 hour;
- The cooking classes will be once every two weeks for 3 hours;
- The Kaartdijin lore yarning sessions will be once every two weeks for 1 hour in the alternate week to the cooking classes;
- There will be a roster made up by your women Leader and the women Elders to look after the vegetable garden.

To begin with the program will run for the four school terms starting in February 2013. Your woman Leader and women Elders are hoping that the community will continue to run the program after that in your own Bindjareb community centre.

What does it cost to join the program?

The Bindjareb Yorgas Health Program is free. In fact you will get some good benefits if you join:

- You will be provided with all the utensils and equipment you need for the cooking classes;
- The cooking classes are taken by a cooking instructor;
- You will learn about nutrition and healthy food, preparing food and storing it safely and what to look for when reading food labels when you are doing the shopping.
- After each cooking session the meal you make can be taken home to share with your family.
- All the vegetables that are grown in the garden are for the group to use in the cooking sessions too.
- The fitness classes will have all the equipment you need and will be taken by a trained fitness instructor.

- The Kaartdijin lore yarning sessions will be run by the women Elders and the Aboriginal Health worker and other trained people will be asked to come and talk about health topics that the group wants to know more about.
- You will also be paid \$35.90 per hour for taking part in the yarning sessions.

When are the yarning sessions and what will I have to do?

Yarning sessions:

- Yarning groups will be every two weeks through the term;
- One-on-one yarning sessions at the end of the year.

How long will they run and where do we go?:

- The sessions will take about 1-1½ hour each and will be in the MOASH building.

What will I need to do during the sessions?:

- You will be asked questions about what you think about the program and whether the program is giving you and the other women what is needed in a health program.
- You will also discuss if you have felt any changes to the way you feel in part as a whole.
- There will also be discussion on whether your family or your community have felt any benefits or not.

The woman Leader who is also the Research Associate for the project and the women Elders will be at the sessions to help and support you. If you feel that yarning is stirring up feelings of sadness by reminding you of people or events in the past, you can stop or leave the sessions at any time.

You will also be asked if it is OK to take your photograph from time to time during the program. For instance when the group is doing the cooking classes, the photographs can be used to show your community about what is happening in the study. You can say yes or no.

Who will know what I say in the yarning sessions?

If you join the program you will be given a number that only the research team and you will know. The plan will be:

- You will say this number each time you speak during the yarning group sessions so that your name is not used.
- All the recordings and the information that can identify you will be locked away in a cabinet with a security code and only the researcher will be able to open it.

Because we don't want to miss anything that you say and so that we get what you say right, we will ask if it is OK to video tape the sessions with a small camera set up on a stand. If you or the groups don't want this to happen, we will tape record it instead with a small tape recorder put down in the middle of the group or between you and the researcher.

When the yarning group video or tape recordings have been put together you will be given a copy. The plan will be:

- You listen to or watch the recordings so that you can look at what you or the group said.
- If you want to you can ask for the researcher to take out anything you have said that don't want kept in it. This will then be removed.
- But, if you ask the researcher to remove information you gave to the study after this stage, when the writing has been done, it may not be possible.

Unless required by law the only people who will be able to get the information and recordings are the researchers.

What are the risks of taking part in the program?

When you are talking about your feelings and thoughts in the one-on-one and group yarning sessions or the Kaartdijin lore yarning sessions, it might stir up feelings of sadness by reminding you of people or events in the past. If this happens, we will stop the session at once and will see what you want to do. If you need to see a counsellor, someone will make the arrangements or take you there. When you join the program, you will also be given a card that you can keep in your purse, which will have the telephone numbers for the Yorgum

Aboriginal Counselling Service, Derbarl Yerrigan Health Service and the Waangkininy Health service in Mandurah.

It is very unlikely, but an accident or injury might happen during the cooking and exercise classes. You will be taken to the doctor for a check-up and treatment if you need it.

What are my rights as a participant?

If you do not want to be part of this program then you do not have to. If you do start but decide you want to stop, you can do this at any time with no problems at all. If you decide to stop, you can still take part in

all the activities of the health program. If you agree to video recording of your yarnning sessions or interviews but want to change your mind you can at any time. It is the same with having your photograph taken; you can change your mind at any time with no problem.

Who do I talk to if I have any questions or problems?

If you agree to take part in the research it is important that you understand everything about the study and what you will have to do. If you have any questions about the study, please ask either myself or my supervisor. Our contact details are below:

- Mrs Caroline Nilson:
E-mail: c.nilson@murdoch.edu.au Telephone: (08) 9582 5509
- Professor Paul Morrison:
E-mail: p.morrison@murdoch.edu.au Telephone: (08) 9582 5502
- Associate Professor Catherine Fetherston:
E-mail: c.fetherston@murdoch.edu.au Telephone: (08) 9582 5516

If you want to know more about your rights as a person taking part in a research study or you want to know about other parts of the study you can also contact Murdoch University's Research Ethics Officer on 9360 6150 or ethics@central.murdoch.edu.au. The ethics officer will act on your behalf as an independent agency to protect your interests.

What do I do if I want to join the program?

If you would like to join the program you need to fill out and sign the Consent Form. Also, before the program starts you need to have a pre-exercise screening test.

Consent form:

- If you can't sign the form yourself you will be asked if we can video or tape record you giving your consent in your own words. If you don't want this to happen, we will simply write down that you said you agreed.

The pre-exercise screening test :

- The fitness instructor and the Aboriginal Health Worker will do the test.
- You will fill in a form with questions about your health
- Your blood pressure, weight and waist and skin fold measurements will be taken.

If the fitness instructor and or the Aboriginal Health Worker are worried about a health issue you might have, they will send you to the doctor for a check-up before you can start.

Thank you for your help with this research study.

Kind regards,

Caroline Nilson

This study has been approved by the Murdoch University Human Research Ethics Committee (Approval 2012/051). If you have any reservation or complaint about the ethical conduct of this research, and wish to talk with an independent person, you may contact Murdoch University's Research Ethics Office (Tel. 08 9360 6677 or e-mail ethics@murdoch.edu.au). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX T

Questions to Guide the One-On-One & Group Yarning Sessions www.murdoch.edu.au**The Bindjareb Yorgas Health Program: Promoting aboriginal women's health in a regional community setting****Script to be read before the sessions:**

Before we start yarning, I (we) want to make sure that you know what we are doing today and what is happening with the information we are talking about. The yarning session should take about 1 hour.

1. Each time, before you share your story, please use the code number you have in front of you. It is the same one you were given when you signed the consent form. As everyone's thoughts and feelings are important and we don't want to miss anything that anyone says, please try to speak one at a time and not all together.
2. I (we) have a video recorder here (point to location), which will record our yarning session. If you do not want this to happen, I will use this tape recorder and it will be placed here in the middle of the table, between us. Having the video or the tape running might make you feel nervous, but very soon you will forget about it and be focused on the yarning.
3. If you / anyone begins to feel bad or sad, I (we) will stop the yarning and see what you want to do. If an appointment with a counsellor is required I (we) will make the arrangements. The session can stop at any time. We can take a break or finish it off another day.
4. If you want to speak to anyone about the research, you have the cards you were each given (hold up cards) with the numbers of Aboriginal counselling services and the numbers of the study supervisors and also the Ethics Department at the University.
5. When I (we) have finished the one-on-one and group yarning session, I (we) will spend some time putting all of the videotaping, tape recording and photographs together. We will give you a copy for you to look at or hear and you can tell me (us) about any of the information you want taken out. But, if you ask the researcher to remove information you gave to the study after this stage, when the writing has been done, it may not be possible.
6. When I (we) have put together all the ideas that have come out of what you have been yarning about, I (we) will write them up. These ideas will be shared with the Advisory Group to make sure that they are reported correctly.
7. When the ideas have been agreed upon, you and your community will be invited to yarning sessions to hear about the results. The results will also be shared with other people and departments so that they can know about and use the ideas too.

I (we) would like you to speak freely on your thoughts, feelings and experiences of being part of the Binjareb Yorgas Health Program. Please use your own words and language so that you can describe and yarn about your feelings in a way that you feel most comfortable. We have got a few questions that we would like to ask you, but it doesn't mean that you can't talk about other things that you want to share.

Questions**Question one**

I'm (we are) really interested to know how you found being involved in Binjareb Yorgas Health Program? What are some of the things that you can share with me (us) about your experiences in the fitness sessions? Please tell me (us) about your involvement in the cooking classes? What examples can you share about your experiences during the Kaartdijin yarning sessions? What about the vegetable garden?; please share some of your stories with me (us).

Question two

In your opinion has having your own community health program made any difference to your community? Can you give some examples of any possible differences between having your own program and other programs you might have been a part of?

Question three

Aboriginal well-being is about a “whole-of-life” view to living and health. It is about the way you feel inside, the impact from the people and place you live in and the environment around you, like services and opportunities. It would be helpful for us to understand if the activities in the program have changed your feelings of well-being? Can you tell us about things in this program that helped or perhaps didn't help support this whole-of-life view?

Question four

Well-being is something that can be felt by just one person or by many people in a community. In your opinion has the Binjareb Yorgas Health Program had an effect on well-being in your community? Describe some examples of where this is happening?

Question five

It would be helpful to know if the knowledge that you have picked up from the program will make a change to your everyday life from now on. What examples can you give that explain the changes, if any?

Question six

It would also be interesting to hear if you think that what you have learnt has had an impact on your family and how their everyday life might have changed. In what ways have you noticed the impact on your family, if any? Can you give any examples of before and after the program?

Question seven

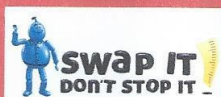
Your woman Leader and women Elders are hoping that the community will continue to run the program after this in your own Bindjareb community centre. Do you think this would be a good idea? In your opinion what are the things that will make this successful?

Question eight

I (we) would imagine that other people will be very interested to know what the program was like and what you did. What would you like to tell others about the program when you meet up to yarn?

APPENDIX U

Bindjareb Yorgas Health Program Community News Letter

SPECIAL
POINTS OF
INTEREST:

- **Getting Active :**
The health experts recommend 30 minutes of moderate activity every day.
- **Cooking Tips:**
There are many swaps you can make whilst cooking to make your meal healthier without compromising on flavour.

INSIDE
THIS ISSUE:

- Cooking tips 2
- Kick start 2
your day with
a healthy
muesli
- Your dietary 2
intake: How
much do you
need everyday?
- The Bindjareb 3
Yorgas Health
Program
- Zumba! Why 3
you should
join in!
- The CATSIN 3
Conference
- Contact us 4

BINDJAREB YORGAS HEALTH PROGRAM

VOLUME 1 ISSUE 1

01/10/2012

Getting Active

Health experts recommend at least 30 minutes of moderate intensity physical activity on most, preferably all, days for adults.

Moderate-intensity - activity that causes a slight but noticeable increase in your breathing and heart rate e.g. brisk walking (a pace where you are able to talk comfortably, but not sing).

Physical activity doesn't need to be done in a 30 minute block. You can accumulate your 30 minutes or more of moderate-intensity activity by combining a few shorter sessions of about 10 to 15 minutes each throughout the day.

Here are a few physical activity

Swap a catch up over coffee for something active like a walk.



From left to right: Chelsey Herbert, Gloria Kearing, Jedda Salmon and Karrie-

Swap a drive to the supermarket for a walk to the local shopping center.

Swap driving your kids to school for walking them to the bus stop.

Swap getting off public transport at the front door for getting off a few steps before.

Swap the car park closest to the entrance for one further away.

Swap the lift for the stairs

Swap sitting in front of the TV for coming to the Bindjareb Yorgas Health Program.

For more swap ideas, visit
www.swapit.gov.au

Contact Karrie-Anne Kearing on 0422818403 or Caroline Nilson on 0439988139 for information on joining the free Bindjareb Yorgas Walking Group.

Gloria takes up the walking challenge

Gloria Kearing has taken on the challenge to walk 10000 steps every day.

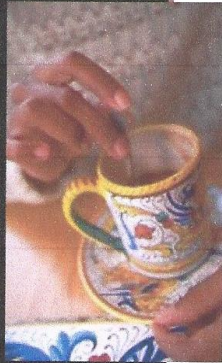
In the first week of the Bindjareb Yorgas Health Program, Gloria managed to clock up well over her target of 60000 steps.

Gloria never goes anywhere without her trusty pedometer to measure her daily steps.

Gloria receives a prize in recognition of her achievement in the first week



PAGE 2



Swap full-fat milk for low-fat or skim milk

"I really like it" says Sharree Kearing. She is pictured on the right, chopping almonds and dates for the healthy muesli recipe

Cooking Tips

Cooking Tips

There are many simple swaps you can make whilst cooking to make your meal that little bit healthier (and without compromising on flavour). Why not try some of the following:

Swap creamy sauces for a tomato or vegetable sauce

Swap full-fat products like milk and cheese for low-fat options

Swap butter for cooking spray or a poly or mono unsaturat-

ed oil

Swap a creamy salad dressing for lime juice and herbs or balsamic vinegar

Swap butter for reduced-fat margarine or avocado

Occasionally swap red meats to fish, chicken, or legumes

Swap a large serve of meat for a smaller serve with extra vegetables

Swap sausages and regular mince for lean meat or mince.

Swap baking with white flour for baking with whole meal

flour

Swap using bread for dipping for carrot, celery or cucumber sticks with low-fat dip

Swap white bread for whole meal and whole grain varieties

For more tips, visit www.swapit.gov.au

Kick start your day the healthy way

Breakfast is the most important meal of the day. A healthy breakfast is the right way to start the day. It helps you be stronger, both physically and mentally.

A healthy breakfast gives you fresh energy and helps you concentrate better and be more active. Eating a healthy breakfast can help you control your weight better

Try this muesli as a healthy alternate to your usual breakfast:

Ingredients – Serves 20

5 cups rolled oats

2 cups wheat bran

1/2 cup flaked or chopped natural almonds

1/3 cup pumpkin seeds

1/3 cup sunflower seeds

1/2 cup sultanas

1/2 cup apricots or dates, chopped finely.

Soak the muesli in low-fat milk for 15 minutes to soften the oats, or heat it in the microwave for 2 minutes.



swap it
DON'T STOP IT

Compare packaged food per 100g

	Best Choice	Good
Fat	3g or less	10g or less
Saturated fat	1.5g or less	3g or less
Sugar	5g or less	10g or less
Sodium	120mg or less	600mg or less

Per serve tips:

Fibre - aim for more than 3g per serve

Energy - choose snacks with less than 600kJ per serve



How much do you need every day?

Carbohydrate:

45–60% of total energy intake (230–310g/day).

Protein:

Women: 45–60g/day.

Men: 65–80g/day.

Fibre:

Women: 25g/day.

Men: 30g/day.

Calcium:

Women 50+ & men 70+: 1300mg.

All other adults: 1000mg.

Iron:

Women 19–50: 18mg.

Women & men 50+: 8mg.

Fat

No more than 70g/day. Saturated fat less than 23g/day.

Sodium

Should be 920–1600mg per day.

Use your food label guide to make the "best choices" when you are shopping

Bindjareb Yorgas Health Program Dates



**The
Bindjareb
Yorgas
Health
Program**

It's fun and it's free!

It's for all you Deadly Yorgas!

**Come and join us at the
MOASH**

**Give a copy of the newsletter
to a friend or relative**

Zumba

Mondays - 10.00-11.00
15, 22 & 29 October
5, 12, 19 & 26 November
3, 10 December

Cooking and Nutrition

Wednesdays - 10.00-12.00
17, 24 & 31 October
7, 14, 21 & 28 November
5, 12 December

Walking Group

Usually I walk per week for a minimum of 30 minutes. Come and join us for a walk and an afternoon tea afterwards. Bring the kids and family

**"We all have
a laugh...it
doesn't matter**

"Zumba"!

Zumba fitness classes can burn between 500 and 1000 calories in an hour!

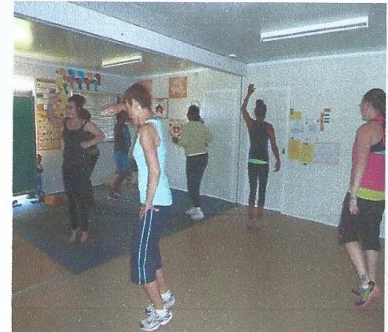
"It's not about how you look or how you move, it's about getting active and having fun" said Gloria.

Swap sitting for moving to the music at our Zumba class!



Getting active can help you lose centimeters from your waistline and prevent or delay the onset of some chronic disease.

**if you don't
know the
steps...it's just
our mob"!**



A conference trip to Cairns

In September, Sharree Kearing, Gloria Kearing, Naveaha Kearing and Caroline Nilson attended the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives conference to present on the development of the Bindjareb Yorgas Health Program.

The conference theme was

"getting there" and we most certainly are! The program has already had 17 yorgas who regularly attend. We really hope to see many more women from the district attend,

Sharree spoke about the aims of Program to promote health and well-being of the Pinjarra Bindjareb people to build on the aspirations of the community for generational change.



Sharree Kearing did us proud as she spoke to the audience about our BindjarebYorgas Health Program.



The Bindjareb Yorgas Health Program

For further information contact:

Karrie-Anne Kearing on 0422818403

Or

Caroline Nilson on 0439988139

Acknowledgment

The Bindjareb Yorgas Health Program is being made possible by a grant received from the Australian Federal Government through the Swap it Don't Stop it campaign



Solid women, Solid families, Solid community

APPENDIX V**MDAA Governance Training***14/05/2013-18/05/2013***Description**

Murray Districts Aboriginal Association (MDAA) number of governance workshops to build the capacity of the current board/committee members.

The purpose of the workshop will be to assist the board of MDAA to understand governance, legislative obligations and practical application into the Board's activities. As part of this workshop, the volunteer will need to identify with the group where they need further support in subsequent workshops.

It is envisaged that the successful volunteer will be able to work with the board over a period of time, to develop all members' understanding and ability to contribute meaningfully to discussions brought before the board.

Rationale

By providing governance training for MDAA, ICV will be assisting to build the association's organisational capacity, and strengthening them from the inside out. With a fully functioning committee/board, it will relieve some of the pressure from Mark and Karrie-Anne, as well as empowering other board members to act as representatives and advocates of MDAA.

Evaluation

Jillian conducted a four day workshop with Murray Districts, supported by Caroline Nilson from Murdoch University to strengthen their governance practices and build the capacity of the group. The training was interactive and practical and the group really valued Jillian's inclusive approach. The Association are now aware of their obligations and responsibilities and feel comfortable to carry these out. This will increase their accountability and credibility and will ensure the association is adhering to legislative obligations. The members of the group are also now in a far better position to act as representatives and advocates of MDAA.

Emma Mulvaney**Community Development Officer****Indigenous Community Volunteers (Western Australia)****National Office – Canberra****PO Box 6155, Mawson ACT 2607****1/67 Townshend Street, Phillip ACT 2606**

**Murray Districts Aboriginal Association Policy,
Protocol and Agreement Development**
17/11/2013-23/11/2013



Description

MDAA are seeking a volunteer to assist in the development centred around:

- o Stakeholder and Partner Engagement
- o Community Centre Usage
- o Community Garden Management Plan.

The development of these policies is part of an on-going strategy from MDAA to develop their internal governance practices and build their organisational capacity.

Rationale

The development of these policies is crucial in demonstrating the MDAA's capacity to manage the centre, with specific emphasis on civic responsibility and accountability.

Evaluation

Jillian spent a week with Murray Districts, supporting them to develop a set of policies which has strengthened their internal governance practices and accountability. MDAA played an active role in establishing the policies and developed a list of policies for operational matters. Jillian ensured the process was inclusive and encouraged MDAA to take ownership for developing the policies.

Members of the committee were involved in establishing and reviewing the policies. The policies reflect the values and obligations of the association and has strengthened their credibility as an organisation. The process was inclusive and encouraged members to actively participate. As Mark Salmon said:

" I thought the process would be quite dense and dry, however we all really got into it, the policies have all been established by us and we are across all of them, so if anyone questions anything we will be able to explain why we have created them like that".

Emma Mulvaney
Community Development Officer
Indigenous Community Volunteers (Western Australia)
National Office – Canberra
PO Box 6155, Mawson ACT 2607
1/67 Townshend Street, Phillip ACT 2606

APPENDIX W Courses Completed in Preparation for Cooking and Nutrition Class Facilitation**1. FOODcents Completion Certificate****Certificate of Attendance**

This is to certify that

Caroline Nilson

has successfully completed
Online FOODcents Advisor Training.



Department of
Health



2. Food Sensations Completion Certificate

 <p>Foodbank An Australia Without Hunger</p>	 <p>Food Sensations®</p>	 <p>food cents®</p>
<h3>Certificate of Attendance</h3>		
<p><i>This is to certify that</i></p>		
<p><i>Caroline Nilson</i></p>		
<p><i>has successfully completed Food Sensations® Educator Training incorporating FOODcents® principles.</i></p>		
<p>Signed: </p>	<p>Date: 13th November 2012</p>	<p>Conducted by: Foodbank WA</p>
 <p>Department of Health Department of Education Department of Regional Development and Lands</p>	 <p>ROYALTIES FOR REGIONS</p>	 <p>telathon</p>
 <p>bhpbilliton resourcing the future</p>		

3. Workplace Hygiene Completion Certificate

Statement of Attainment

This is to certify that

CAROLINE NILSON

has attained

Follow workplace hygiene procedures (SITXOHS002A)

This competency forms part of the

Certificate III in Hospitality (SIT30707)

on the day of

June 22, 2011

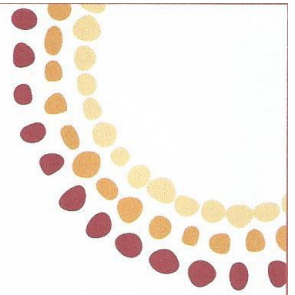


Authorised Signature
National Provider No. 2929



This Statement of Attainment is recognised within the Australian Quality Framework



4. Remote Area Health Corps eLearning Modules - Certificate 1 of 14

The RAHC Introduction to Remote Health Practice Program (online)

Certificate of Completion

This is to certify that

Caroline Nilsson

Has completed an on-line training module on

Introduction to Indigenous Health

Learning Objectives:

- Identify key factors that impact the burden of disease amongst Indigenous Australians
- Demonstrate an understanding of 'Closing the Gap' as well as its implications
- Identify cultural elements that may influence clinical interactions between Indigenous patients and non-Indigenous clinicians
- Identify resources and support systems available to the health professional working in the remote context



This program has been endorsed by APEC no: 080910999
as authorized by the Royal College of Nursing,
Australia according to approved criteria.


Completion attracts 0.5 RCNA CNE Points as part of
RCNA's Life Long Learning program (3LP).

P Roberts

Philip Roberts
RAHC General Manager

Date completed: 30/10/2012

5. Positive Psychology Course Completion Certificate

ZUR INSTITUTE, LLC Ofer Zur, Ph.D., Director Sonoma Medical Plaza, 181 Andrieux St. Suite 211 Sonoma, CA 95476	
Phone: (707) 935-0655 E-Mail: info@zurinstitute.com	Fax: (707) 736-7045 Website: www.ZurInstitute.com
CERTIFICATE OF COMPLETION	
Mrs. Caroline M. Nilson ~ Lic. # NMW0001545158 ~	
Has completed, in its entirety, the following continuing education activity sponsored by the Zur Institute, LLC:	
Distance Learning Course - Online Course	
Course Title: Positive Psychology: The New Science of Happiness (6ce)	
Number of CE Credits: 6.0	
Date of Completion: 02/05/2013	
<ul style="list-style-type: none">- The Zur Institute is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Zur Institute maintains responsibility for this program and its content.- This online course meets the qualifications for 6.0 ce credits for MFCCs and LCSWs as required by the California Board of Behavioral Sciences (BBS). Provider # PCE 6.- The Zur Institute is approved by the Association of Social Work Boards (ASWB), www.aswb.org, 1-800-225-6880, as a provider for social work continuing education through the Approved Continuing Education (ACE) program. The Zur Institute maintains responsibility for the program. Social workers participating in this course will receive 6.0 continuing education clock hours. Provider #1113.- The Zur Institute is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines. Provider #6036.- The Zur Institute is approved by the California Board of Registered Nursing. Provider #CEP 14826, for 6.0 Contact Hours. This document to be retained by the licensee for a period of four years after the course concludes.- Provider approved by the State of Kansas Behavioral Sciences Regulatory Board. Provider # 08-001.- Provider approved by NAADAC, The Association for Addiction Professionals. Provider # 603.- Provider approved by CA Board of Vocational Nursing & Psychiatric Technicians.- Provider approved by the Florida Board of Psychology. Provider # 50-10793.- Provider approved by the Florida Board of Social Work, Marriage & Family Therapy & Mental Health Counseling. Provider # 50-10794.- Provider approved by the Texas Board of Examiners of Professional Counselors. Provider # 1020.- Provider approved by the CFAAP/CAADAC. Provider # 4N-08-116-513 for 10CEH.- Provider approved by the Ohio Counselor, Social Worker & Marriage and Family Therapist Board. Provider # RCST031101.- Zur Institute has been approved to offer CE credit for Certified Addiction Specialists (CAS) in accordance with the American Academy of Health Care Providers in the Addictive Disorders. Approval #10-1380.	
 Director, Zur Institute, LLC Secure Certificate ID: 932248-3djfdz,932248	

6. Mindfulness Course Completion Certificate



APPENDIX X

Successful Grant Application to Qualify Three Community Members in Nutrition and Dietetics, and Horticulture and Garden Grant Application Written by Caroline Nilson in Collaboration with Karrie-Anne Kearing-Salmon for the MDAA.



45 Mandurah Terrace
PO Box 543
Mandurah WA 6210
P (08) 9535 0000
F (08) 9535 2119
E peel@peel.wa.gov.au

Ms Karrie-Anne Kearing
Chair Person
Murray Districts Aboriginal Association
60 Hampton Road
PINJARRA WA 6208

Dear Ms Kearing

ROYALTIES FOR REGIONS – PEEL COMMUNITY CHEST FUND

I refer to your successful application for financial assistance through the *Royalties for Regions* Peel Community Chest Fund for *Bindjareb Yorgas Health Program* and the *Deadly Koolinga Chef Program*. The approval for your project is for \$11,844 (excluding GST) and is subject to you meeting the conditions contained in the attached Grant Agreement.

This agreement, along with the Supplier Creation form, attached, to be signed and returned to the Commission, provides standard terms and conditions to be met and includes your GST obligations and information on the grant payment process.

Please include a Tax Invoice with the completed Grant Agreement and Supplier Creation Form so that arrangements can be made to pay Community Chest funds to you.

I wish you every success with progressing and completing this project with the assistance of funding through the *Royalties for Regions* program.

Please contact Simone Hutton, Grants Officer at the Commission, on (08) 9535 0006 should you have any queries.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Adam Denniss".

 Adam Denniss
ACTING CHIEF EXECUTIVE OFFICER

14 MAY 2015

A large, stylized blue ink signature or flourish.

**Excerpt from the Royalty for Regions Community Chest Fund Application
Detailing the Project Aims**

PROJECT DESCRIPTION

3.1 What do you aim to achieve with the funds provided

Describe the project in detail. Please limit response to 200 words

The aim is to qualify three members of the Pinjarra Aboriginal community to sustain the running of the Bindjareb Yorgas Health Program (BYHP), which offers cooking and nutrition (CN) classes for Aboriginal women, and the Deadly Koolinga Chef Program (DKCP), which offers CN classes for Aboriginal children. One selected community member will undertake a Certificate III in Nutrition and Dietetics to facilitate and coordinate the CN classes. The other two selected member will undertake a Certificate II Horticulture to manage and maintain the vegetable gardens (VG), which are on the grounds of the Murray Districts Aboriginal Association (MDAA) in Pinjarra. The BYHP and DKCP are community developed, owned and coordinated health promotion programs. Each class accommodates 10 participants. They have run successfully since 2011 with partnership support from Murdoch University School of Health Professions, Greening Australia and the Soroptimists International of Riverside and Mandurah. Training three community members will align with MDAA's proposed submission to the Australian Government for an Indigenous Advancement Strategy loan to establish enterprise and create opportunity for employment. The direct aims are to:

- Increase individual capacity and employment opportunity;
- Expand sustainable social opportunities for the community; and
- Promote community controlled accessible local services.

3.2 Describe the benefits and/or outcomes of the project

Please limit response to 200 words

The benefits and outcomes of training the two selected community members are directly related to the aims listed above:

Increase individual capacity and employment opportunity:

Increasing individual capacity will affect the three individual's knowledge and skill potential to bring about change, not only at a personal level but also in supporting broader population health efforts. Further, the acquisition of training and resultant knowledge and skills in these two fields will increase their employment opportunities, which will positively impact on their social and emotional wellbeing and have a flow on effect to their families and community.

Expand sustainable social opportunities for the community:

The local community will benefit from continued participation in the CN classes, which will enable increased engagement with (or connection to) the community, and the development of skills, knowledge, values, empowerment, and desired changes to improve poor nutritional health. Poor nutritional health is a leading cause of morbidity and mortality in Australian Aboriginal peoples (Vos, et al., 2009).

Promote community controlled accessible local services:

By up skilling and qualifying two selected community members to run the CN classes the local community begins to have control of issues that directly affect their community. This will also have an impact on community self-determination because Aboriginal peoples must determine and control the pace, shape and manner of change and decision-making at local levels (Bell, et al. 2000).

1. STATEMENT OF NEED

4.1 Outline what identified need in the Peel region your project is addressing. You may reference relevant industry and/or regional planning documents, statistics, or other documentation which demonstrates the need for this project.

Up skilling and qualifying three selected community members in the areas of Nutrition and Dietetics and Horticulture has a threefold identified need, which is outlined below. Importantly it also aligns with the Peel Region Investment Blueprint (Peel Development Commission (PDC), 2014) that highlights the need for ensuring that “Indigenous elders and their communities are supported through the development of their people and their enterprises” (p. 7).

1. Training and employment opportunity

It is suggested that the south west region of WA should equitably contribute towards a goal of between 3.2% - 8.4% (locality dependant) Aboriginal employment in Western Australia (DoH, WAG, 2014; WAHCS, 2014, WAPSC, 2011). Up skilling and training two selected community members of the Pinjarra Bindjareb community will align with the aim of the WAPSC (2011) strategy to improve opportunities for Aboriginal people and close the gap in Aboriginal disadvantage in public sector employment. It is anticipated that the two selected members will not only be able to contribute to the sustainability of the BYHP and DKCP CN classes, which will benefit the local community, but will also be able to take up gainful employment in either the public or private sector. Optimising opportunities for Aboriginal Australians to engage in employment in both sectors can both build the capability of the sector and contribute towards the economic well-being of Aboriginal communities (WAPSC, 2011).

2. Sustainability of the BYHP and DKCP under community control

When Aboriginal people themselves control and maintain ownership of community-based health promotion intervention programs, nutritional improvements can be initiated and sustained (Lee, et al., 1995, Nilson et al., In press). Importantly, The practical application of Aboriginal self-determination principles are fundamental in all Aboriginal health promotion projects such as the BYHP and the DKCP, therefore “Aboriginal people are best placed to work on interventions that build community ownership and respond to the needs and motivations of the community” (AIH, 2005). Further, Aboriginal initiatives in health promotion must include a major focus on training, thus the up skilling and training of two selected community members will be crucial to the sustainability of the programs (Howie, 2000).

3. Improved nutritional health of individuals and the community

Poor nutrition is a major determinant of excess morbidity and mortality among Aboriginal and Torres Strait Islander peoples (Indigenous) (Vos, et al. 2009), contributing to over 16% of the Indigenous burden of disease in Western Australia (AIH, 2013; DoH GWA, 2012). Barriers to healthy eating and food security amongst Australian Indigenous families have been attributed to poor nutritional knowledge and cooking skills, budgeting issues, high food prices, ease of access to convenience foods, poor access to nutritious foods, and large household numbers (Brimblecombe, et al., 2013, 2013a, 2014). This has resulted in poor nutrition throughout the life span, causing inadequate consumption of proteins, carbohydrates, fats, minerals, vitamins and micronutrients, which are all essential in maintaining biological and physiological health (Brimblecombe, et al., 2013, 2013a, 2014). The BYHP and the DKCP are both Aboriginal Health promotion programs that are aimed at “closing the gap” (DIACOAG, 2010) through the promotion of the health and well-being of the Bindjareb people of Pinjarra through the collaborative development of culturally appropriate health interventions. The BYHP and the DKCP address the high prevalence of nutritionally related health issues experienced by Aboriginal families in Western Australia (AIH, 2013). The success of the BYHP and DKCP has been linked to the ongoing process of

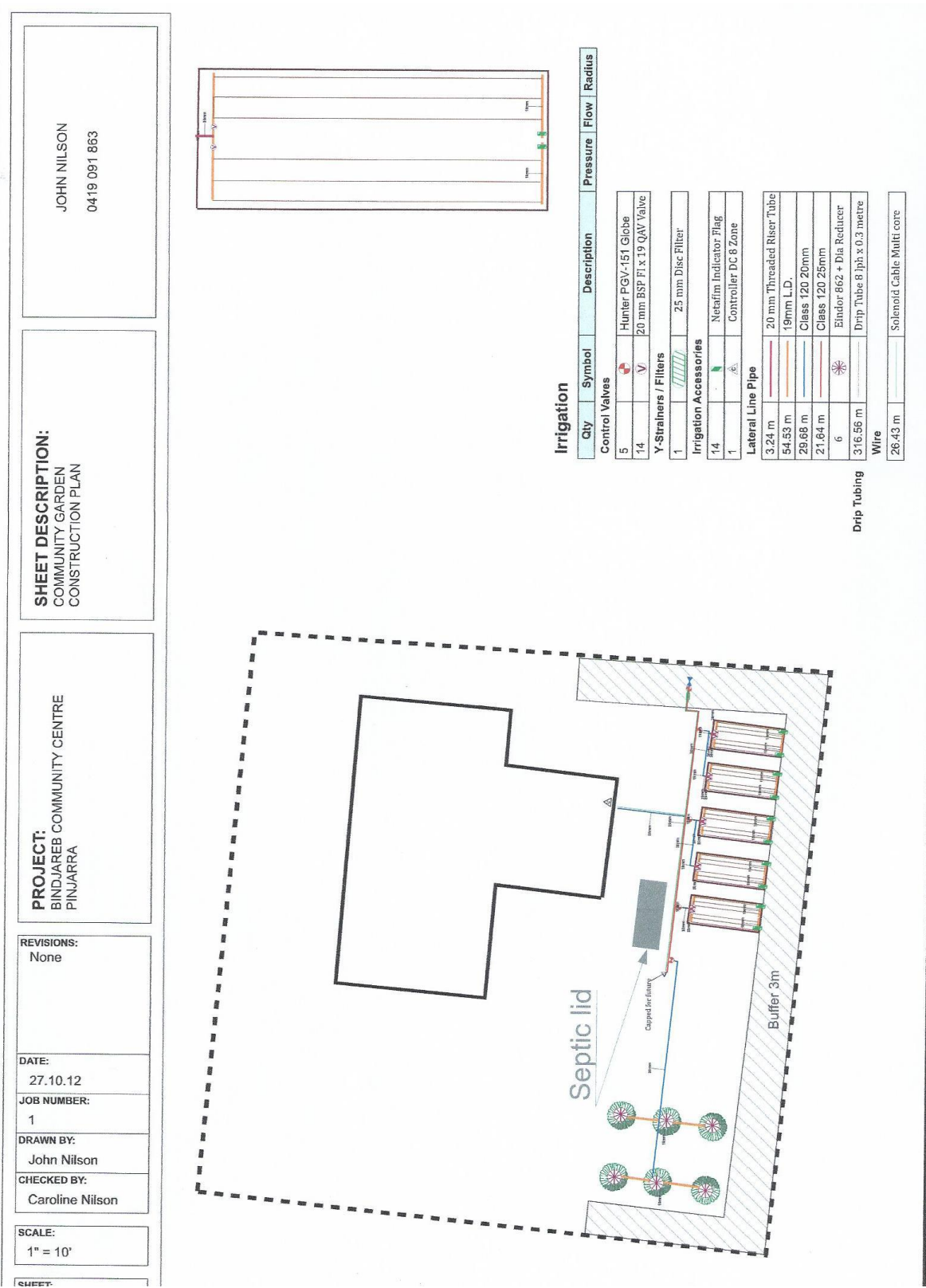
social change, which in turn has provided a stimulus for dietary improvement in the families that have accessed the programs (Nilson et al., In press). Thus, the sustainability of both programs is paramount to the continued nutritional health of the community and this will be made possible by up skilling and training three selected members of the community to manage and deliver the initiatives. This is also important considering that health service capacity in the Peel region is generally underserved compared to the rest of WA (Mayes, 2012), and that a priority area for health promotion in Western Australia is to develop individual and community nutritional health literacy (DoH GWA, 2012).

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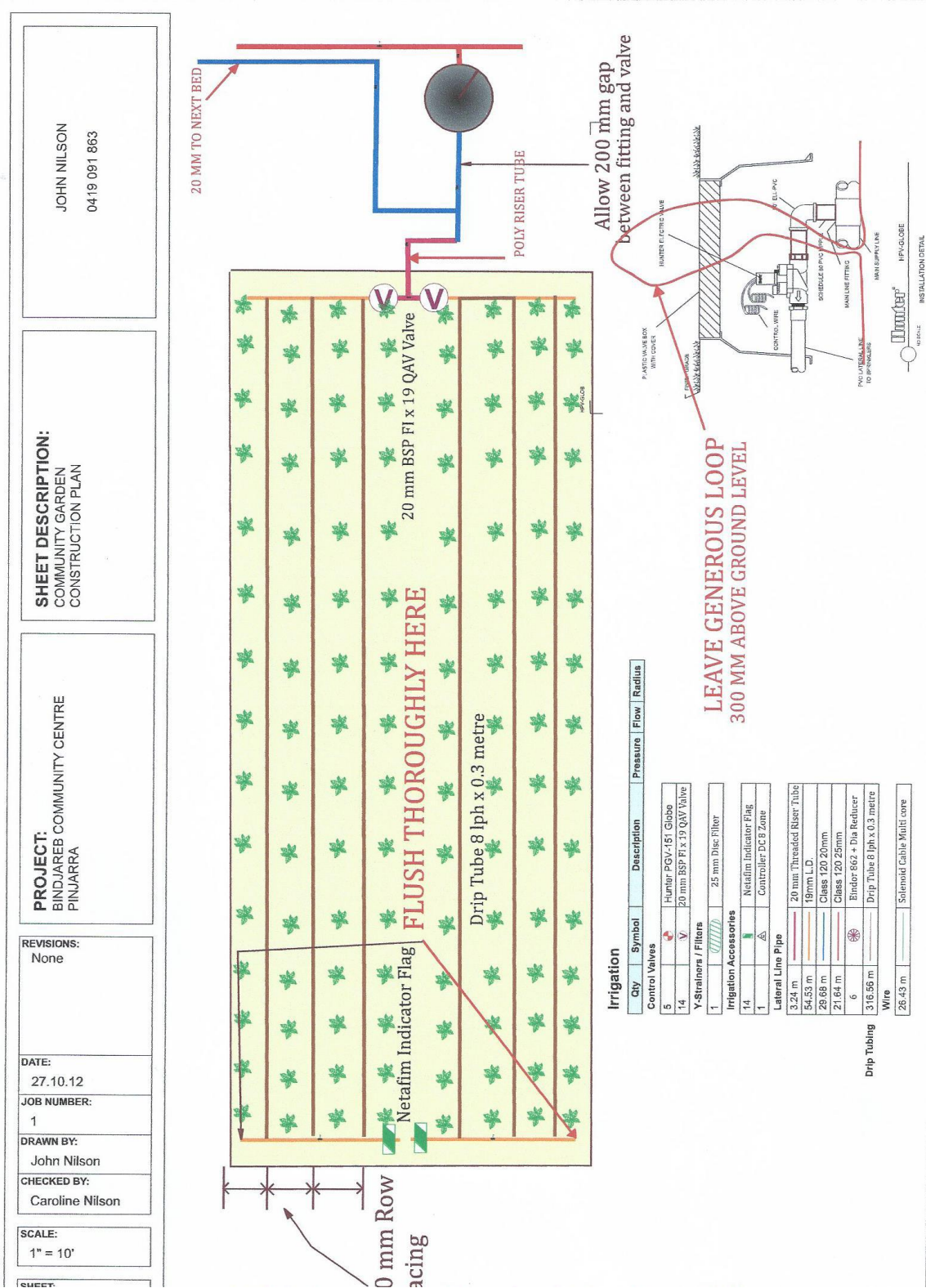
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APPENDIX Y

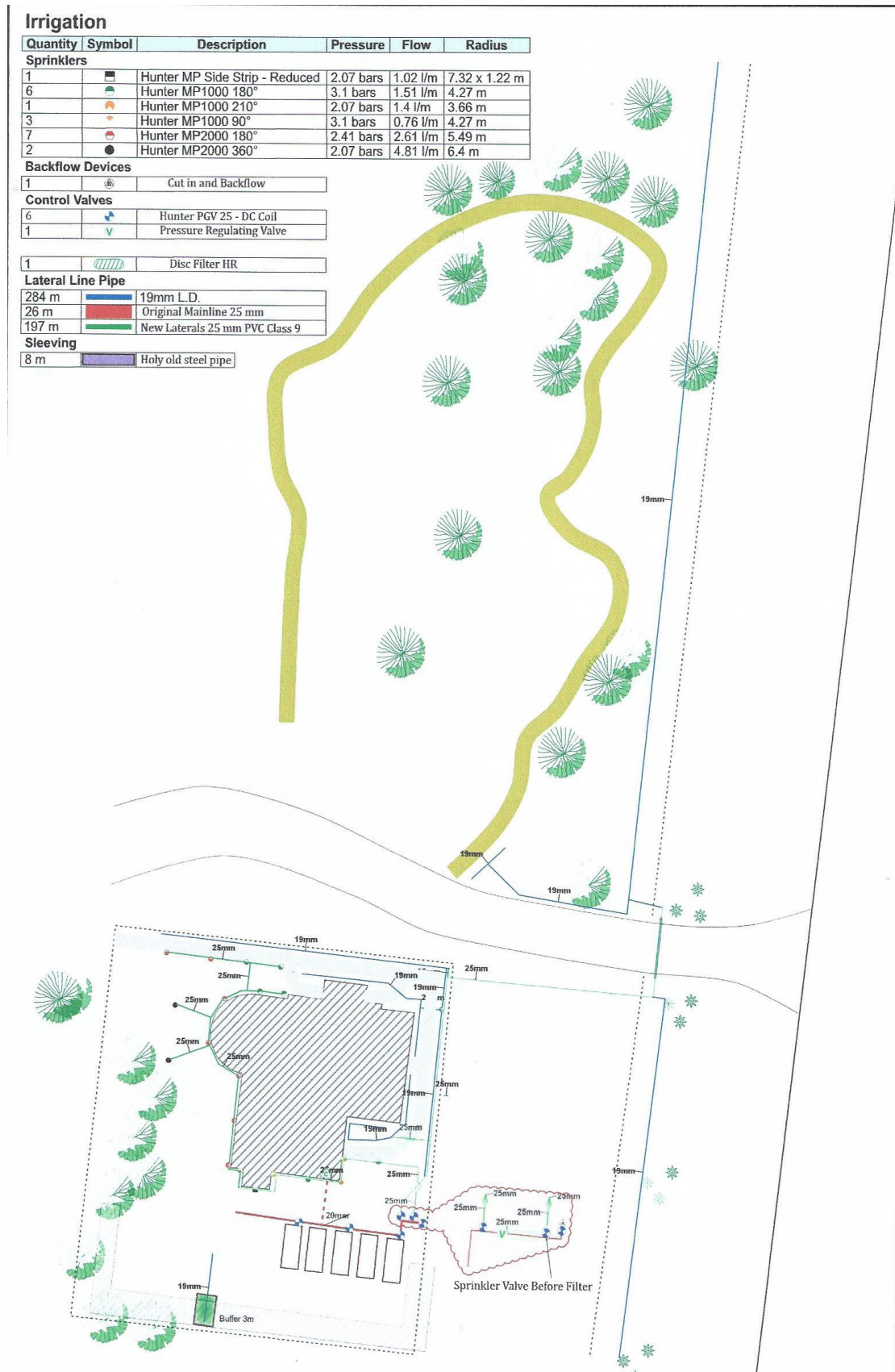
1. The Reticulation Design for the CVG and the Fruit and Native Trees at the
MDAA Centre Reticulation for the Raised Garden Beds



2. Reticulation to Each Garden Bed Illustrating the Valves for Automation



3. Irrigation Plan for the Lawns, Fruit Trees and Bush Tucker Plants at the Centre



APPENDIX Z

Art Exhibition

Ngaalang Moort Dointj-Dointj Koorliny Waanga Waangkaniny (our) (families) (together) (coming) (stories) (talking)

Carolyn Marks

Phone:

08 9550 3989

Address:

63 Ormsby Terrace, Mandurah



<http://www.mandurah.wa.gov.au/Binjareb.htm>

Background

Collaboration and consultation between Caroline Nilson from Murdoch University School of Health Professions (MUSOHP) and key women Leaders and Elders of the Murray District Aboriginal Association (MDAA) has led to the development of the 'Bindjareb Yorgas Health Program' (BYHP) and the 'Deadly Koolinga Chefs Program' (DKCP). These programs specifically address the Pinjarra Bindjareb women's concerns regarding health issues in their community and are aimed at developing knowledge and skills to improve health and wellbeing.



The BYHP is currently running and has received funding from the Australian Government Swap-it-Don't-Stop-it campaign and Ngulluk Koolbaang funding from the Government of Western Australia Department of Health, North Metropolitan Public Health Unit and the South Metropolitan Public Health Unit. It is anticipated that the DKCP will recommence in March /April 2013.

The BYHP engages 10-15 Bindjareb women and offers a weekly Zumba class, a weekly cooking and nutrition class, a weekly health informatics yarning class and a weekly walking group. The DKCP engages Bindjareb children aged 11 and 12 years in a nutrition and cooking adventure, where they learn how to plan, shop for and prepare a healthy meal for four. Each week the children took home their prepared meals, together with their new skills and knowledge, to share with their family.



Currently, both programs are delivered from the MOASH community building situated on the grounds of the Pinjarra Primary School. A project is underway to refurbish the Pinjarra Bindjareb Community Centre (Centre), and it is anticipated that both programs

will run from the Centre to provide continued community involvement and engagement which will have a positive impact the health and well-being of the Pinjarra Bindjareb community. In addition, a community vegetable garden is being established at the Centre, which is being supported by Greening Australia and Fairbridge Training WA. The garden will provide fresh produce for the cooking programs and to the Bindjareb community to assist with food insecurity.

Both programs are jointly coordinated by Caroline Nilson, who is a Registered Nurse, Registered Midwife, Lecturer and PhD student and Karrie-Anne Kearing, a Bindjareb women Leader from the MDAA.

The Art Project

The aims of the BYHP and DKCP is to create a supportive environment to encourage participation, encourage communication and relationship building, to develop personal skills in achieving and maintaining wellness and to strengthen community actions by facilitating community ownership and leadership. Through art, the women and children will share their personal experiences of being involved in the programs, which will aid in the expression of the Pinjarra Bindjareb community's collective identity and will communicate their stories across many cultures, to a range of audiences.

Art works painted by the women and children will be displayed for public viewing in an exhibition to be held in August 2013 at the Centre for Contemporary Art; INQB8 in Mandurah, Western Australia. The painting workshops commenced in mid-April, 2013 and concluded at the end of May, 2013. The workshops were facilitated by Gloria Kearing, a well-respected Bindjareb woman artist and coordinated by Karrie-Anne Kearing and Caroline Nilson. This will be made possible with funding from Community Arts Network WA and the City of Mandurah who through INQB8 provided an in-kind marketing and administration package.

The Art Workshops and Exhibition:

Provides the participants of the DYHP and the DKCP with an opportunity for personal expression, enjoyment, creative action, imagination, emotional response, aesthetic pleasure and the creation of shared meanings, within their cultural context.

- Enables each participant to develop their own kind of symbol system or language to portray their feelings and beliefs about their experiences during the programs. The participants developed knowledge of and learnt to 'read' the conventions of the symbol systems used in their work and use them to communicate and exchange ideas about their views, experiences, values and beliefs.
- Assists the participants to appreciate their own artworks and those of others and to recognise the roles of artists and how their experiences and new knowledge can be interpreted through art.
- Provides the participants with an opportunity to explore different techniques and to use tools to provide valuable ways to develop further skills and think more about their own representational activity.
- Assists the participants to make connections between how they interpret the subject matter and their culture and how their ideas are developed using particular techniques (e.g. by using washes of colour or bold abstract shapes of colour).

- Supports the development of self-awareness, self-development and community connectedness through participation and engagement.

As Aboriginal art is used to convey different kinds of storytelling and is an important link to disseminating important knowledge of an aboriginal society, this method is considered meaningful to cultural information sharing. Moreover, it is important that the innovative approach taken here will also lead to embedded stories in the local cultural group, around the processes and outcomes; a re-telling of the narrative of the project (de Mello, 2007). This ensures that positive stories can be told many times over with different groups of people and the potential influence of the project is on-going and leading to changes in peoples' lives (Keen & Todres, 2007; Wingard & Lester, 2001).

Sponsors



References

- de Mello, D. (2007). The language of arts in a narrative inquiry landscape. In D. Clandinin (Ed.), *Handbook of narrative inquiry: mapping a methodology* (203-223). California: Sage Publications.
- Keen, S., & Todres, I. (2007). Strategies for disseminating qualitative research findings: three exemplars. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 8(3), Art. 17. Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs0703174>.
- Wingard, B., & Lester, J. (2001). *Telling our stories in ways that make us stronger*. Adelaide: Dulwich Centre Publications.
- Wilson, S. (2008). *Research is Ceremony: Indigenous Research Methods*. Winnipeg, Manitoba: Fernwood Publishing.

1. Confirmation of Continued Support for the Cooking and Nutrition Component of the BYHP, and the DKCP

BHYP

-----Original Message-----

From: Caroline Nilson [mailto:C.Nilson@murdoch.edu.au]

Sent: Tuesday, 16 December 2014 8:26 AM

To: petchell@westnet.com.au; lizb.1@bigpond.com

Subject: RE: Bindjareb Yorgas Health Program

Dear Liz,

The members of the Murray Didtricts Aboriginal Association (MDAA) and the members of the Bindjareb Yorgas Health Program would like to thank Soroptimist International, Mandurah for supporting the nutrition and cooking program in 2014.

Without your support the benefits that the program offered the women participants and their families would not have been possible. Your support has ensured that the aims of the program have continued and that benefits of knowledge and skills development in the area of nutrition and cooking have impacted on improved health and wellbeing and aided in food security.

We request that your committee kindly consider supporting the Bindjareb Yorgas Health Program again in 2015. I and a member of the MDAA would be more than willing to come and present the aims and objectives of the program so enable the committee to consider the request.

Wishing you and your committee and very happy Christmas and a safe and prosperous New Year.

Kind regards
Caroline

From: petchell@westnet.com.au

CC: lizb.1@bigpond.com

Sent: Tuesday, 3 February 2015 3:00 PM

To: Caroline Nilson

Subject: RE: Bindjareb Yorgas Health Program

Hi Caroline

I am not sure if we made any contact with you in the end, so I apologise if you have been left hanging.

Our club has considered that the the Bindjareb Yorgas Health Program was a worthwhile cause that enhances and empowers lives of women. As such, at our planning meeting, it was agreed to support the program again for 2015.

Our only little proviso, if we may ask, is we would love to have feedback on the health programme and Italy art trip that Gloria and her granddaughter attended.

Please can you contact me to let me know if it suits to have a quick 15-20 minute catch at our monthly meeting on Thursday 19th March. 5.30 pm is good but we are flexible with the time. We still meet at the bowling club.

Please don't hesitate to contact me at my work #, email or Mobile Marise Petchell Soroptimist International Mandurah Wk 08 95819138 Mob 0408816664.

PS please pencil on the calendar, our yearly Mother's Day lunch on Sunday 3rd May 2015

From: petchell@westnet.com.au
CC: lizb.1@bigpond.com
Sent: Wednesday, 4 November 2015 4:48 PM
To: Caroline Nilson
Subject: RE: Bindjareb Yorgas Health Program

Hi Caroline,

I just wanted to touch base, as a little reminder; our Soroptimist Mandurah group are due to have our major planning meeting 19th November.

If you haven't been in contact with Liz already, we have had a reasonable fundraising year and would love to consider The Bindjareb Yorgas Health Program again for funds next year (2016).

Please can you send something through (not too detailed) to put forward for planning (Eg. \$ Amount and Purpose).

We would have you visit and speak some time through next year Marise Petchell 0408816664.

DKCP

From: Rita Gurney [<mailto:ritamgurney@hotmail.com>]
Sent: 06 March 2014 10:05
To: Caroline Nilson
Cc: Debbie Youngman; Marilyn Fowler
Subject: RE: Deadly Koolinga Chef Program 2014

Hi Caroline

Thank you for clarifying those points.

At our February meeting our membership agreed to donate funds to the Deadly Koolinga Chef's program again in 2014.

To facilitate the payment of these funds we need to know when the course will commence and when the funds will be required.

Being the beginning of our fundraising year we may need to do this in instalments.

Please advise how best this would work for you.

Our next meeting is this coming Tuesday the 11th of March so if we could have this information in time for this meeting an initial payment could be approved at that time.

Hope to hear from you soon.

Kind regards,

Rita Gurney
Immediate Past President | Soroptimist International of Riverside
ritamgurney@hotmail.com | 0409 880 761 | PO Box 165, Parkwood, WA 6148

From: Debbie Youngman [mailto:paul@burntdamper.com.au]
Sent: 20 Februray 2015 12.44
To: Caroline Nilson
Cc: Debbie Youngman; Marilyn Fowler
Subject: RE: Deadly Koolinga Chef Program 2015

Hello Caroline,

This is to confirm that SI Riverside held their AGM and first meeting of the year on 10th March, 2015. It has been agreed by the members to continue our support for the Deadly Koolinga Chef Program.

We are very pleased that the programme is going well and wish you every success this year.

Debbie Youngman
President | Soroptimist International of Riverside
paul@burntdamper.com.au | 0402 484 117 | PO Box 165, Parkwood, WA 6148

2. To Be Complete by Gloria Kearing

Gloria Kearing is a Binjareb Nyungar woman Elder born in Pinjarra.

Gloria Kearing's art tells the stories of her family's lives and her hopes and dreams for younger generations to engage and believe in their culture. "If just one of our young people steps up and embraces our culture my journey will be complete".

Exhibition dates: Friday 26 June to Sunday 19 July

Launch: Friday 26 June at 6pm

Artist talk: Thursday 2 July at 6pm

<http://www.mandurah.wa.gov.au/16698.htm>

